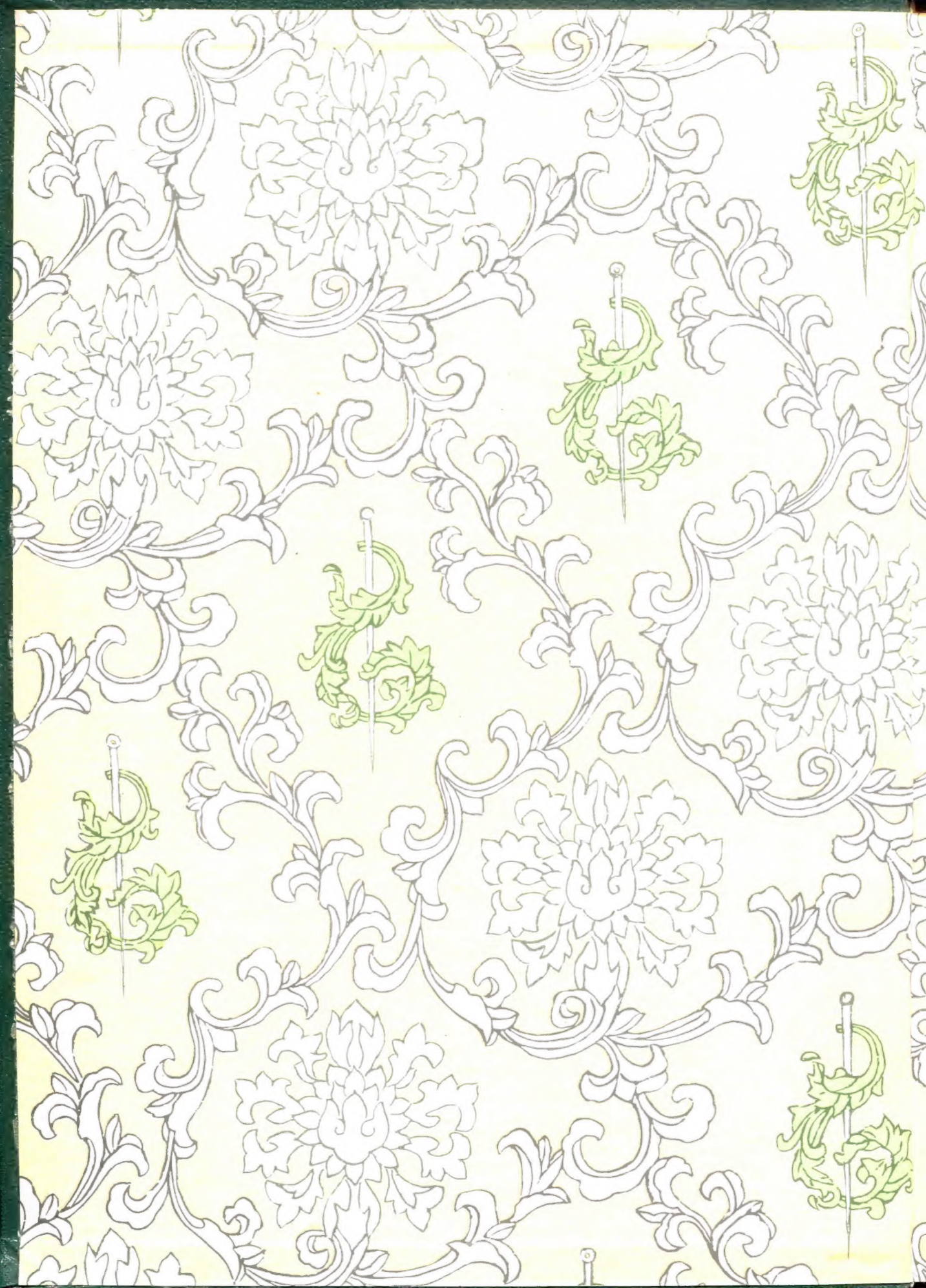


中国针灸学概要

An Outline of
CHINESE
ACUPUNCTURE





An Outline of
CHINESE ACUPUNCTURE

The Academy of Traditional Chinese Medicine

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ERRATA

On p. 2 the signature to the Preface should read "*The Academy of Traditional Chinese Medicine.*"

The page reference in line 7 of p. 30 should be 258.

The word "anterior" in the 9th line from the bottom of p. 157 should read "posterior."

The legend to Fig. 83 on p. 165 should read "The Sanjiao Channel of Hand-Shaoyang."

The name of the nerve in line 4 of p. 286 should be "cutaneus femoris posterior."

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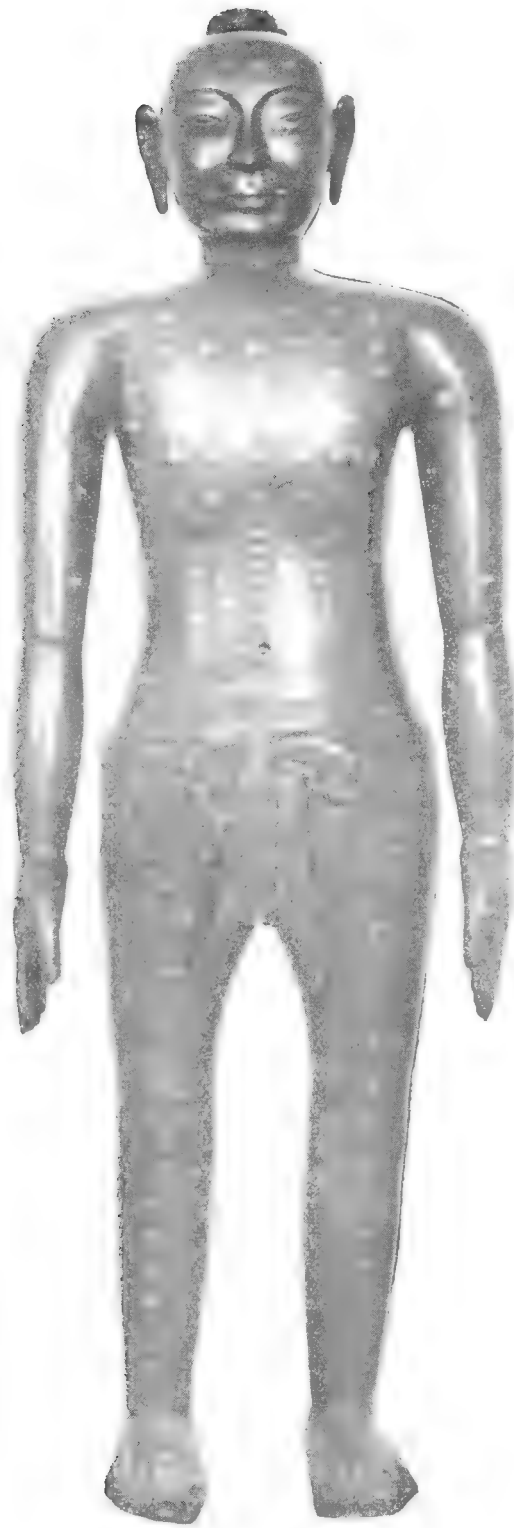
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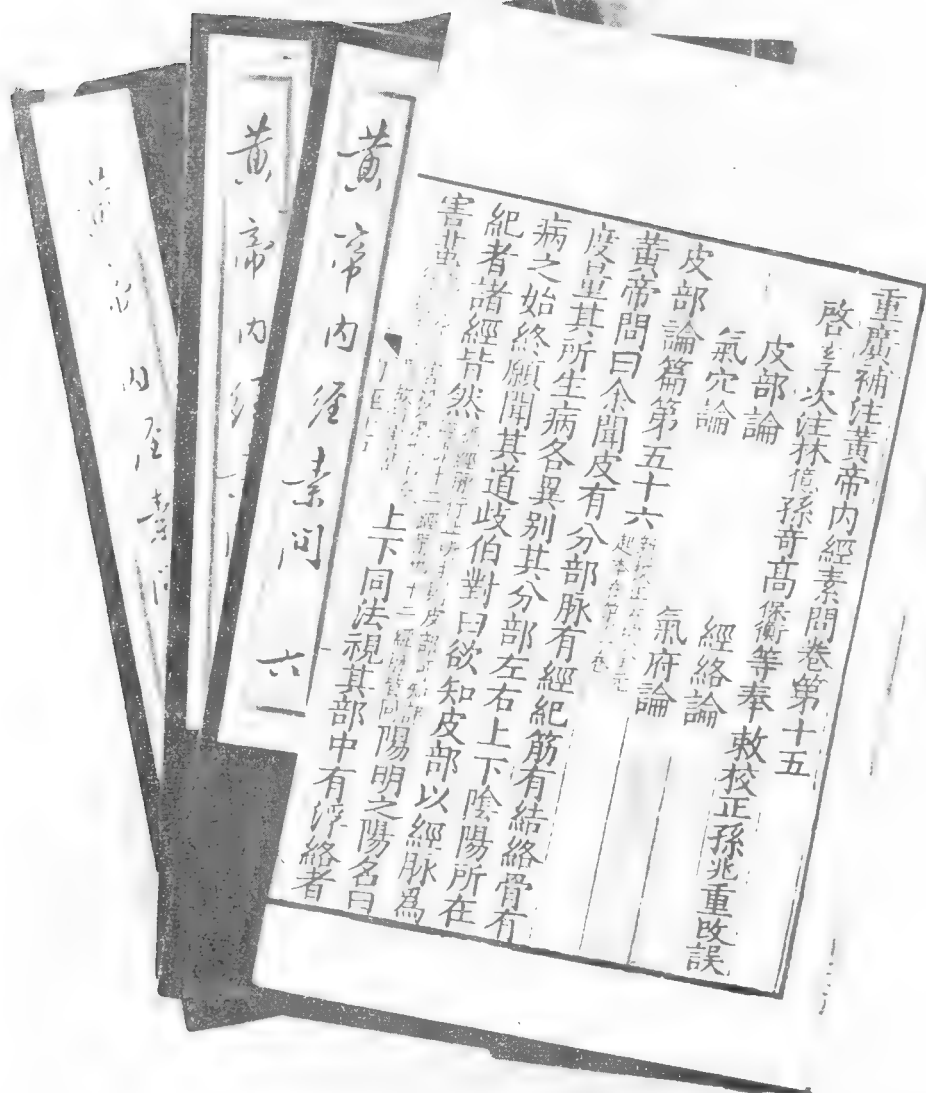
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This bronze figure showing acupuncture points is a reproduction of one cast in 1443 A.D., during the Ming Dynasty.



Huangdi Nei Jing (Canon of Medicine), compiled c. 475 B.C.-23 A.D., is the earliest extant medical book in China in which acupuncture is described.

靈

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九針之名各不同形一曰
鑱針長一寸六分二曰員針長一寸六分三曰針長一寸六分四曰鋒針長一寸六分五曰鈹針長一寸六分六曰圓針長一寸六分七曰毫針長一寸六分八曰石針長一寸六分九曰大針長一寸六分十曰大鈹針長一寸六分十一曰大毫針長一寸六分十二曰大石針長一寸六分十三曰大圓針長一寸六分十四曰大員針長一寸六分十五曰大針長一寸六分十六曰大鈹針長一寸六分十七曰大毫針長一寸六分十八曰大石針長一寸六分十九曰大圓針長一寸六分二十曰大員針長一寸六分二十一曰大針長一寸六分二十二曰大鈹針長一寸六分二十三曰大毫針長一寸六分二十四曰大石針長一寸六分二十五曰大圓針長一寸六分二十六曰大員針長一寸六分二十七曰大針長一寸六分二十八曰大鈹針長一寸六分二十九曰大毫針長一寸六分三十曰大石針長一寸六分三十一曰大圓針長一寸六分三十二曰大員針長一寸六分三十三曰大針長一寸六分三十四曰大鈹針長一寸六分三十五曰大毫針長一寸六分三十六曰大石針長一寸六分三十七曰大圓針長一寸六分三十八曰大員針長一寸六分三十九曰大針長一寸六分四十曰大鈹針長一寸六分四十一曰大毫針長一寸六分四十二曰大石針長一寸六分四十三曰大圓針長一寸六分四十四曰大員針長一寸六分四十五曰大針長一寸六分四十六曰大鈹針長一寸六分四十七曰大毫針長一寸六分四十八曰大石針長一寸六分四十九曰大圓針長一寸六分五十曰大員針長一寸六分五十一曰大針長一寸六分五十二曰大鈹針長一寸六分五十三曰大毫針長一寸六分五十四曰大石針長一寸六分五十五曰大圓針長一寸六分五十六曰大員針長一寸六分五十七曰大針長一寸六分五十八曰大鈹針長一寸六分五十九曰大毫針長一寸六分六十曰大石針長一寸六分六十一曰大圓針長一寸六分六十二曰大員針長一寸六分六十三曰大針長一寸六分六十四曰大鈹針長一寸六分六十五曰大毫針長一寸六分六十六曰大石針長一寸六分六十七曰大圓針長一寸六分六十八曰大員針長一寸六分六十九曰大針長一寸六分七十曰大鈹針長一寸六分七十一曰大毫針長一寸六分七十二曰大石針長一寸六分七十三曰大圓針長一寸六分七十四曰大員針長一寸六分七十五曰大針長一寸六分七十六曰大鈹針長一寸六分七十七曰大毫針長一寸六分七十八曰大石針長一寸六分七十九曰大圓針長一寸六分八十曰大員針長一寸六分八十一曰大針長一寸六分八十二曰大鈹針長一寸六分八十三曰大毫針長一寸六分八十四曰大石針長一寸六分八十五曰大圓針長一寸六分八十六曰大員針長一寸六分八十七曰大針長一寸六分八十八曰大鈹針長一寸六分八十九曰大毫針長一寸六分九十曰大石針長一寸六分九十一曰大圓針長一寸六分九十二曰大員針長一寸六分九十三曰大針長一寸六分九十四曰大鈹針長一寸六分九十五曰大毫針長一寸六分九十六曰大石針長一寸六分九十七曰大圓針長一寸六分九十八曰大員針長一寸六分九十九曰大針長一寸六分一百曰大鈹針長一寸六分

Ling Shu, also known as Canon of Acupuncture, is a part of Huangdi Nei Jing. It contains the earliest records of using nine different acupuncture instruments, the "Nine Needles."

九針之長也

九針圖

鑱鍼 平針寸長一寸六分頭大末銳病在皮



圓鍼 其身圓鋒如卵形長一寸六分指掌骨間用此



鍅鍼 其鋒如錐長一寸六分指掌骨間用此

鋒鍼 其刃三隅長一寸六分發痼疾刺



鉞鍼 其鋒如錐長一寸六分指掌骨間用此



圓利鍼 夫如鑱且圓且利其末微大長一寸六分取暴痺刺小者用此

毫鍼 其鋒如錐長一寸六分指掌骨間用此

長鍼 其鋒如錐長一寸六分指掌骨間用此

火鍼 一名燭針長四寸用此



In Zhen Jiu Da Cheng (Compendium of Acupuncture and Moxibustion) compiled in 1601, nine kinds of needles and their various clinical applications are recorded.

P R E F A C E

The aim of compiling this book is to provide source material for study by medical personnel in China and other countries, and to popularize the science of acupuncture and moxibustion. After studying this book, one should have a preliminary understanding of the development of acupuncture and moxibustion in China, together with their basic theory and application in clinical treatment.

In the selection of material for this book, every effort has been made that it be concise, practical and easily understood. After a brief introduction to the development of acupuncture and moxibustion in China, the main contents are divided into five chapters.

The first chapter, Technique of Acupuncture and Moxibustion, stresses manipulation of the filiform needle and other needling methods, and the handling of possible accidents.

The theory of the channels is a component part of the basic theory of Chinese medicine and has great significance in guiding clinical practice; a special chapter, the second, is therefore devoted to this subject.

In the third chapter the points of the 14 channels and the extraordinary points, 397 in all, are introduced. Under each point, the location, indications and method of manipulation are described. In order to help readers to locate the points, diagrams and charts showing the postures and anatomical sites have been included.

The fourth chapter, concerning clinical therapy, gives a concise introduction to the principles of treatment and some rules on the selection of points. Emphasis is placed on acupuncture treatment in some common diseases in the fields of internal medicine, surgery, gynecology, pediatrics, neurology, genitourology, eye, ear, nose, throat and mouth. A brief ac-

count of the etiology, clinical features and prescription of points for each disease is given.

The last chapter dwells on some new methods of treatment which were evolved in the field of acupuncture. Some were developed after the founding of the new China, especially during the Great Proletarian Cultural Revolution, by the broad masses of medical workers through combining traditional and modern medicine in clinical practice. The results of such methods of treatment await further improvement through practice and summarization.

Owing to our as yet limited knowledge of acupuncture and moxibustion, and lack of experience in compiling books, mistakes and errors are difficult to avoid. It is earnestly desired that readers will offer their suggestions and criticism so as to help in advancing this work.

*The Chinese Academy
of Traditional Medicine*

1974

Introduction

THE DEVELOPMENT OF ACUPUNCTURE AND MOXIBUSTION

Chairman Mao points out: **“Chinese medicine and pharmacology are a great treasure-house, and efforts should be made to explore them and raise them to a higher level.”** Acupuncture and moxibustion are important component parts of this great treasure-house.

Acupuncture and moxibustion, two different therapeutic methods created and developed by the Chinese labouring people through productive labour and their struggle against disease, have a time-honoured history.

Acupuncture and moxibustion treatment can be traced as far back as the Stone Age, when stone knives and other sharp-edged tools were invented to meet the needs of production. These instruments were used also to relieve pains and diseases, and were known by the ancients as “bian.” In the Han Dynasty (206 B.C.-A.D. 220) there was a book, *Shuo Wen Jie Zi* (说文解字 *Analytical Dictionary of Characters*), a passage of which explained that “bian means using stone to treat diseases.” It may represent the most primitive acupuncture method.

The employment of fire created conditions for the technique of moxibustion.

With the continuous development of production, the “bian” stones were replaced by “needles” made of bone or bamboo.

In the Shang Dynasty (c. 16th-11th century B.C.) bronze casting technique was developed and it became possible to make bronze needles. The use of metal for needles was highly significant in the development of

treatment by acupuncture. The conduction phenomenon produced while needling led in time to the discovery of the jingluo (channels) system. Through long-term practice, acupuncture and moxibustion eventually became important means for treating diseases.

The earliest extant medical treatise in China, *Huangdi Nei Jing* (黄帝内经 *Canon of Medicine*), compiled in the Warring States Period (475-221 B.C.), summarized the current medical knowledge and that of the ancients passed down in history. Descriptions of acupuncture and moxibustion treatment took up quite a large part of this book, in which the physiology and pathology of the channels and viscera, acupuncture points and indications and contra-indications for acupuncture and moxibustion were discussed. The application of nine kinds of needles for achieving different therapeutic results was also mentioned, a fact verified by Han Dynasty relics excavated during the recent Great Proletarian Cultural Revolution, for among them are gold and silver acupuncture needles. In "Kou Wen Pien," a chapter of *Ling Shu*, (灵枢·口问篇) is stated: "The ear is the place where all the channels meet." This is considered to be closely related to the discovery of present-day ear acupuncture therapy. According to *Shi Ji* (史记 *Historical Records*), the famous doctor Pien Chueh who belonged to the Warring States Period brought a patient out of coma with acupuncture and moxibustion combined with other methods.

Pien Chueh also compiled *Nan Jing* (难经 *Difficult Classic*) which supplemented the deficiencies in *Nei Jing* (内经 *Canon of Medicine*). In this book, points for acupuncture and moxibustion, and the physiological and pathological conditions of the "eight extraordinary channels" were discussed.

In the Han Dynasty the famous surgeon Hua Tuo was also an expert in acupuncture and moxibustion technique. In order to correct the discrepancies in measurement and location of points due to the difference in body size of different patients, the method of measuring a certain part of the patient's body as a "unit" for measurement was advocated at this period. For instance, the width of the phalangeal joint of the patient's thumb was taken as one unit and later called "identical unit" or "proportional unit."

From the Western and Eastern Tsin dynasties (265-420) to the Southern and Northern dynasties (420-589), acupuncture and moxibustion developed very rapidly. There appeared a book solely devoted to this subject, *Zhen Jiu Jia Yi Jing* (针灸甲乙经 *A Classic of Acupuncture and*

Moxibustion), in which the names and the number of points of each channel and their exact locations were established. The book also deals with the properties and indications of each point, and the methods of manipulation. This book is another summary of extant knowledge of acupuncture and moxibustion.

At this time even coloured diagrams and charts of channels and points were made, and played an important role in promoting the development of acupuncture and moxibustion. Published also was the famous volume, *Zhou Hou Bei Ji Fang* (肘后备急方 *Prescriptions for Emergencies*), written by the medical expert Ko Hung of the Tsin Dynasty, in which the "horn method" was mentioned. According to some research studies, this was the primitive form of the cupping method of therapy which is now extensively used. According to the records in this book, it is clear that this simple and effective method of acupuncture and moxibustion had already been widely applied in the treatment of various diseases.

In the Tang Dynasty (618-907), acupuncture and moxibustion developed steadily. The well-known physician Sun Szu-miao paid great attention to acupuncture. He advanced the idea that tender spots could serve as acupuncture points in addition to the established ones. These were known as the "Ah Shi Points," referred to by the ancients in the maxim, "Puncture wherever there is tenderness."

The achievements of acupuncture and moxibustion during the Tang Dynasty owed much to the establishment of the acupuncture and moxibustion faculties in the Imperial Medical College, the earliest college specializing in medicine, in which these healing arts were a required course for all students, and teachers for this course were doctors well qualified on this speciality. These played an important role in promoting the development of acupuncture and moxibustion.

In the Sung, Kin and Yuan dynasties (960-1368) acupuncture and moxibustion developed considerably in China. The most important contribution was the book *Tong Jen Shu Xue Zhen Jiu Tu Jing* (铜人俞穴针灸图经 *Illustrated Manual on the Points for Acupuncture and Moxibustion as Found on the Bronze Figure*) written by Wang Wei-yi, who made detailed studies and investigation of the acupuncture points and marked out a total of 657 points on the human body. This work helped to clarify the confusion existing before the Sung Dynasty concerning the acupuncture points. Wang Wei-yi also sponsored the casting of two life-size, hollow bronze figures on the surface of which were marked the distribution and course of the channels and the exact location of the points. These two bronze

figures served as models for teaching and examination. Such visual teaching aids were a great help in popularizing acupuncture and moxibustion. Another contemporary well-known work on acupuncture and moxibustion was *Shi Si Jing Fa Huei* (十四经发挥 *The Enlargement of the Fourteen Channels*) written by Hua Shou. This book especially discussed the channels and is of great significance in the development of the channels theory. In this period the knowledge of the theory of the channels was being applied in the field of pharmacology. It was considered by doctors of Chinese medicine that channels were important passages connecting the body surface with the visceral organs. Therefore, when drugs were administered in treating diseases, it was necessary to consider the channels with which the visceral organs were related. The combination of the knowledge of the channels with pharmacology is of definite significance in the development of Chinese medicine.

It may be considered that the period of the Sung, Kin and Yuan dynasties was a period of optimum development for acupuncture and moxibustion in ancient China.

In the Ming Dynasty (1368-1644) the physician Yang Chi-chou again summarized the works of acupuncture and moxibustion from ancient times and wrote *Zhen Jiu Da Cheng* (针灸大成 *Compendium of Acupuncture and Moxibustion*) in which he clarified the confusing state of points and channels and unified the divergent views concerning them. Three bronze figures were made in this period which were a great contribution towards the progress of acupuncture and moxibustion.

However, the rulers of the Ching Dynasty (1644-1911) despised acupuncture and moxibustion treatment for their simplicity and low cost and went so far as to issue a decree banning their practice, hindering their development. However, owing to the wide acceptance and belief in this therapy by the broad masses of the labouring people, this art of healing did not perish; on the contrary acupuncture and moxibustion were introduced to other countries. Dr. E. Kampfer, a German, introduced acupuncture to his country in 1683. In 1863, *The Medicine of China* (中国医学) was published in France, with acupuncture and moxibustion included in its contents.

Following the Opium War in 1840, the imperialists brutally launched cultural aggression, along with their armed aggression, against China. They negated and trampled upon the cultural legacy of China, and the colluding reactionary Kuomintang government went all out to serve their cultural aggression. In 1929 the reactionary government banned Chinese

medicine altogether, dealing a heavy blow to the development of acupuncture and moxibustion. In spite of these setbacks, acupuncture and moxibustion were still popular among the broad masses.

Treatment by acupuncture and moxibustion is not only broadly practised in China but is also welcomed abroad. As early as the sixth century A.D. acupuncture and moxibustion were introduced into Japan and other countries. They then spread to the Arabian and European countries. According to incomplete statistics, more than 40 countries now use these methods in curing diseases.

Reciprocally, medical and pharmaceutical knowledge from other countries has also been introduced into China. Such interchange of medical knowledge promotes friendship between the Chinese people and other peoples of the world.

Chairman Mao Tsetung and the Communist Party of China have always attached great importance to the development of Chinese medicine. As early as 1928, Chairman Mao advocated the use of **"both Chinese and Western treatment."** In the days of the Red Army and during the War of Resistance Against Japan and the Liberation War, acupuncture and moxibustion played a vital role in keeping the soldiers and the labouring people in good health. After the founding of the new China in 1949, clinics, research organizations and colleges specializing in Chinese medicine, including acupuncture and moxibustion research institutes, were established in Peking and the various regions of China. During the Great Leap Forward in 1958, by combining Chinese and Western medicine, acupuncture anesthesia was developed, marking a great step forward in the science of acupuncture.

Since the Great Proletarian Cultural Revolution, a bright vista has been opened in the field of acupuncture and moxibustion. At present acupuncture anesthesia can be applied in various complicated operations, including craniotomy. New types of acupuncture treatment have been discovered by revolutionary medical workers, and have proved effective in curing many diseases once thought incurable.

We are convinced that, under the guidance of the revolutionary medical line of Chairman Mao, and following the correct path of combining Chinese and Western medicine, acupuncture and moxibustion will be further advanced and offer worthy contributions towards world medicine.

CHAPTER I

**TECHNIQUE OF ACUPUNCTURE
AND MOXIBUSTION**

Acupuncture and moxibustion are two different therapeutic methods. Acupuncture treats disease by puncturing certain "points" of the human body with metal needles to induce stimulation by various manipulation methods. The needles are of various shapes and forms, the most commonly used being the filiform needle, the three-edged needle, the "plum-blossom" needle, the electro-needle, and the intradermal needle.

Moxibustion means treating disease through thermal stimulation by applying the heat produced by ignited "moxa-wool" or certain other substances over specific areas of the skin surface.

Details of various acupuncture and moxibustion methods will be introduced in this chapter.

**A. THE MANIPULATION OF
THE FILIFORM NEEDLE**

(1) GENERAL KNOWLEDGE

There are many kinds of filiform needles of different sizes in clinical use. The length of the filiform needles we are using at present ranges from 0.5 to 5.0 inches,* i.e., 0.5, 1.0, 1.5, 2.0, 3.0, 4.0 and 5.0 inches, the calibre ranging from gauge 26 to gauge 32. See the following table:

* 1 inch is equal to 2.54 cm.

Gauge	26	28	30	32
Diameter (mm.)	0.45	0.38	0.32	0.26

Thorough inspection of the needles should be made before use. Be sure that there is no rust, bent section or hooks on the needles in order to avoid accidents and unnecessary pain to the patients during treatment.

In order to make the patient comfortable and facilitate location of points, the patient should be placed in a posture suitable to the points selected. If the patient is kept in an awkward posture, undue fatigue or fainting may occur, as well as accidents such as bending or breaking of the needle in case the patient changes position abruptly. Usually, the supine position is desirable when needling the points of the frontal and facial regions, chest and abdomen, and the anterior aspect of the lower extremities. A prone position is preferable for occipital, neck, lumbo-dorsal regions and the posterior aspect of the lower extremities, while recumbent position facilitates needling of points on the lateral aspect of the body. For the points on the head, back and upper extremities, a comfortable sitting position is also suitable.

Before treatment, sterilize the skin on and around the point with 75% alcohol, select needles of a length corresponding to the body build of the patient and suitable for his body tolerance as well as the location of the point chosen.

(2) HOW TO PRACTISE NEEDLING

In acupuncture treatment, if the doctor does not know how to direct his finger force and lacks skill in manipulation, it will be difficult for the needle to penetrate the skin and the patient will feel pain, directly affecting the therapeutic results. Therefore, it is necessary to practise manoeuvring the finger force and manipulation and to experience the needle reaction or sensation personally.

Manipulation of the needle can be practised on many layers of paper or on a small cotton cushion. First practise the method of twisting in and twirling out the needle, then the method of combining lifting and thrusting with twisting and twirling of the needle. When these techniques are mastered, the doctor should practise acupuncture on himself in order to experience the needle sensation.

(3) INSERTING AND MANIPULATING THE NEEDLE

1. Method of Inserting the Needle:

Generally speaking, pain occurs when the point of the needle breaks the skin, but when the needle is pushed deeper through the skin, there is not much pain. Therefore, in order to minimize the pain, the movement of inserting the needle through the skin should be swift. There are many ways to insert the needle, but those most frequently employed are:

a. *Method of inserting the needle aided by pressure with finger:* Press beside the acupuncture point with the nail of the thumb (or index finger) of the left hand, hold the handle of the needle with the thumb and index finger of the right hand. When the attention of the patient is drawn to the pressure by the left hand, insert the needle rapidly alongside the nail into the skin at the acupuncture point. This method is suitable for short needles up to 1.5 inches in length. (See Fig. 1a.)

b. *Method of inserting long needle:* Hold the tip end of the needle between the thumb and index finger of the left hand, leaving 0.2 or 0.3 inch of its tip exposed. Hold the handle of the needle with the thumb and index finger of the right hand. As the needle tip approaches the skin surface the needle is made to speedily penetrate the skin by a deft movement of the thumb and index finger of the left hand, while at the same time the handle of the needle is pushed downward by the fingers of the right hand. Then, with the body of the needle supported by the left hand, the thumb and index finger of the right hand twirl the needle to a deeper layer. This method is suitable for needles over 3 inches in length. (See Fig. 1b.)

c. *Method of rapid insertion of needle:* Hold the body of the needle with the thumb and index finger of the right hand with 0.2-0.3 inch of its tip exposed and fix it accurately to the point. The needle is made to penetrate rapidly into the skin. Then, while holding the lower part of the body of the needle with the thumb and index finger of the left hand, pressure is applied downward with a co-ordinated movement of the thumb and index finger of the right hand. The handle of the needle is rotated and pushed so as to cause the needle to penetrate to the desired depth. This method is applicable both for short and long needles. (See Fig. 1c.)

d. *Method of inserting needle by pinching up the skin:* Pinch up the skin around the point with the thumb and index finger of the left hand, then rapidly insert the needle into the point with the right hand. This method is suitable for locations where the muscle is thin, such as Points Yintang (Extra 1) and Dicang (St. 4) of the face. (See Fig. 1d.)

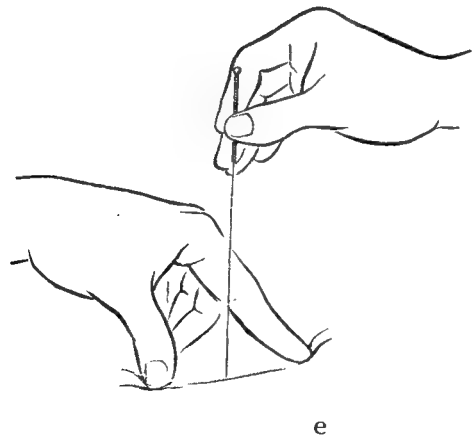
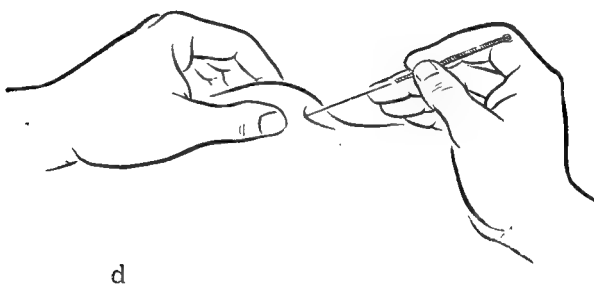
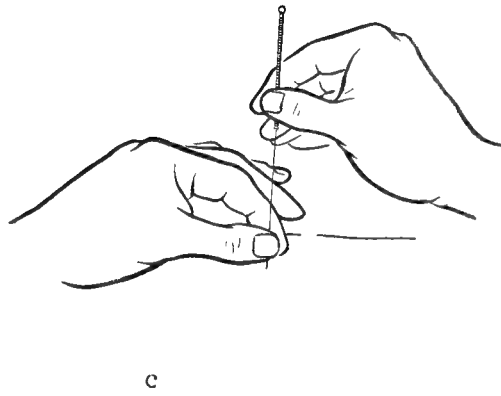
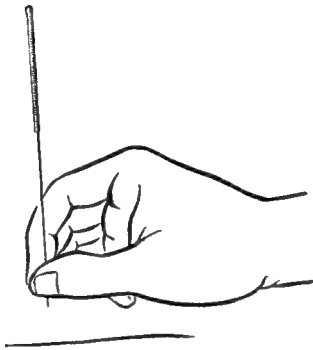
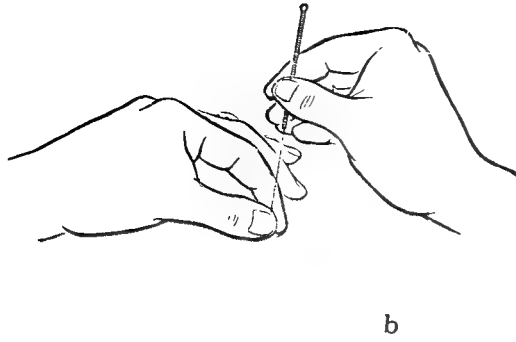
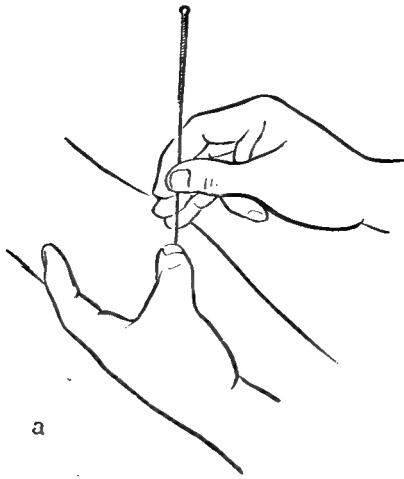


Fig. 1

e. *Method of inserting needle with fingers stretching the skin:* Stretch the skin around the point with the thumb and index finger, or middle finger, of the left hand; then, with the right hand, insert the needle rapidly into the skin to the required depth and in the required direction. This method is indicated for locations where the skin is loose, with creases and folds, such as the abdomen. (See Fig. 1e.)

There are also other methods such as inserting the needle into the skin by twisting and rotating it, or by using a small glass tube through which the needle is snapped into the skin, etc., but the details of these methods are not given in this book.

2. Manipulation After Insertion of Needle:

There are various methods of manipulation, such as lifting and thrusting, rotating, vibrating, scraping, twirling and twisting, snapping and "pounding" the needle. Methods most frequently used are the following:

a. *Lifting and thrusting the needle:* After the needle enters the skin to a certain depth, press at the sides of the point with the thumb and index finger of the left hand; then, holding the handle of the needle with the thumb and index finger of the right hand, lift and thrust the needle. This method is not indicated, or should be rarely used, in points close to important internal organs, in the ophthalmic region or in regions supplied by large blood vessels deep beneath. In these locations the manipulation should be light and slow in order to avoid accidents.

b. *Rotating methods:* Hold the handle of the needle with the thumb and index finger of the right hand, rotate the needle clockwise and counter-clockwise. If the needle is rotated in a wide amplitude, be sure that the subcutaneous fibrous tissue does not entwine the needle and cause pain to the patient.

c. *Method of lifting, thrusting, rotating the needle:* This method is the combination of the lifting, thrusting and rotating movements of the needle.

The above three manipulation methods may be employed, after the needle enters the skin to a certain depth, to explore the needling sensation. When it appears, strengthen the stimulation by scraping and vibrating movements of the needle.

d. *Scraping the needle:* Press the top of the handle with the thumb of the right hand, then scrape the handle with the nail of the index or middle finger from below upward; or fix the needle on the point with the left hand, then with the thumb and index finger of the right hand scrape

the handle from below upward with a counter-clockwise twirling movement. This method is known as the "arc scraping method."

e. *Vibrating the needle*: Hold the handle of the needle with the right hand and slightly lift and thrust the needle rapidly to induce vibration.

Appendix: Cause of Pain in Acupuncture and Its Prevention

a. Pain occurring as the tip of the needle pricks into the skin is generally due to unskilful manipulation, with failure to introduce the needle swiftly into the skin. Or, the needle penetrates a centre of pain sensation on the superficial skin, in which case the direction of the needle should be changed slightly to avoid the sensitive spot. It is essential to practise manipulation and become skilful so as to avoid causing pain to the patients.

b. Pain occurring when the needle enters deep into tissue is generally due to the needle striking an artery wall, periosteum or tendon, in which case lift the needle until it is just beneath the skin, change the direction and insert it again.

c. Pain occurring when the needle is rotating in a wide arc is generally because the body of the needle is entwined with fibrous tissue. To relieve the pain, gently rotate the needle back and forth until the fibre is released.

In addition, points located on the extremities or on the face are very sensitive, so it is advisable to distract the patient's attention elsewhere when applying treatment, and manipulate skilfully. A doctor should be warm-hearted and show concern towards his patients, especially those who are over-sensitive, nervous or receiving acupuncture treatment for the first time. He should develop their confidence in overcoming their disease, relieve their anxiety and gain their initiative and co-operation.

(4) THE MANIPULATION METHODS OF BU (RE-ENFORCING) AND XIE (REDUCING)

Since ancient times, physicians of traditional Chinese medicine have through long-term practice recognized that during the course of a disease — its onset and development — there existed a manifestation of either excessive activity of the organic function (hyperfunction) or deficient activity of the organic function (hypofunction). The old medical classic *Su Wen* (素问 *Plain Questions*), in the chapter "Tiao Jing Lun" (调经论 "A Discussion of the Channels"), explained this phenomenon: "No matter what kinds of diseases, they are bound to relate either to the *xu* (虚 deficient

activity) nature or to the *shi* (实 excessive activity) nature.”* The chapter “Jing Mai Pian” (经脉篇 “On Channels and Pulse”) of *Ling Shu* (灵枢) pointed out: “In case of xu apply the bu (补 re-enforcing) method and in case of shi apply the xie (泻 reducing) method.” According to this principle, physicians practising acupuncture had created various methods to achieve the bu and xie effects. Traditionally, there are the following methods:

1. Lifting and Thrusting of the Needle:

Re-enforcing: Repeatedly lift the needle gently subcutaneously, then thrust it back with force.

Reducing: Repeatedly thrust the needle gently, then lift it subcutaneously with force.

2. Twisting and Twirling of the Needle:

Re-enforcing: Twist and twirl the needle back and forth with small amplitude and slowly.

Reducing: Twist and twirl the needle back and forth with more force, faster and with larger amplitude.

3. Slow and Swift Insertion and Withdrawal of the Needle:

Re-enforcing: Insert the needle slowly, twirl it gently. When withdrawing, rest the needle just beneath the skin for a short interval, then withdraw it swiftly.

Reducing: Insert the needle swiftly, twirl it with larger amplitude and withdraw it slowly.

4. Closing and Enlarging the Acupuncture Hole:

Re-enforcing: After withdrawing the needle, close the acupuncture hole by applying slight pressure and massaging over it, preventing the jingqi (经气 vital energy of the channel) from escaping.

* Diseases of shi nature may be explained as acute diseases in which the patient's physical condition is good. There may be the following symptoms: flushed face, irritability, loquaciousness, high voice, coarse breathing, excessive sputum, constipation or retention of urine, fullness of chest, abdominal distention, intensive pain aggravated by compression, muscle and tendon spasms. The tongue is rough with thick coating, and the pulse forceful and rolling. Diseases of xu nature imply chronic diseases, the patient being low-spirited, pale, bed-ridden, apathetic and reluctant to speak. There may be the following symptoms: feeble breathing, palpitation, tinnitus, dizziness, spontaneous sweating, night sweating, loose stool, incontinence of urine, nocturnal emission, intermittent abdominal distention, pain alleviated by compression, tremor of hand or numbness of extremities. The tongue is pale, tender and thinly coated, the pulse thready and feeble. Shi may also imply hyperfunction or hyperactivity, while xu implies hypofunction or hypoactivity.

Reducing: Before withdrawing the needle, turn it a few times so as to enlarge the acupuncture hole, letting the sieqi (邪气 disease factors) out.

5. Even Movements:

Mild method: After inserting the needle into the point, rotate, lift and thrust evenly and gently to cause a needling sensation, then withdraw the needle according to the condition.

The above methods can be used singly or co-ordinately.

This book has generalized the traditional re-enforcing and reducing methods as strong, moderate and weak stimulation. Details are as follows:

a. *Weak stimulation:* Generally, this is considered as equivalent to the re-enforcing method. That is, as soon as the patient has sensation, stop manipulating. This method is performed by slightly lifting and thrusting the needle, co-ordinated with rotation in a small amplitude. This is indicated in patients with a weak constitution, in those sensitive to needle stimulation, those receiving acupuncture for the first time and are nervous, and when puncturing points which are close to major viscera.

b. *Strong stimulation:* This method is considered as equivalent to the reducing method. That is, to give the patient a strong sensation which is reflected to the distal areas of the extremities. The methods are rotation with wide amplitude combined with forceful lifting and thrusting of the needle; stimulation may be increased by vibrating and scraping the handle of the needle. This is indicated in patients of robust constitution and with organic hyperfunction, those who are not sensitive to acupuncture, and those with acute pain or convulsions. This method is mainly applied to points on the four extremities or on the lumbar region.

c. *Medium stimulation:* This is considered as equivalent to the mild method, the sensation the patient receives and the manipulation method being midway between strong and weak stimulation. This method is suitable for patients whose pathological conditions are not definitely differentiated as xu or shi.

(5) ACUPUNCTURE SENSATION AND THERAPEUTIC EFFECT

When the needle is inserted to a given depth under the skin, the patient may have a feeling of soreness, distention, heaviness or numbness. This is what was known by the ancients as the phenomenon of "deqi" (得气 i.e., the normal reaction to acupuncture). The sensations vary with the constitution of the patient, the location of the points and the depth and direction of the needle insertion.

Points on the face generally produce a sensation of distention, while those on thick muscle may give a feeling of soreness, and only pain is felt on those of the palm, sole of the foot, and tips of the fingers and toes. Puncture on the points of the extremities may produce a sensation of electric shock, which is radiated distally.

The efficacy of treatment is closely related to the acupuncture sensation. Usually, if such sensation is felt quickly and is readily conducted, the result is likely to be satisfactory, and vice versa. (This does not apply to those points which, owing to their location, do not have the conduction phenomenon.) Acupuncture sensation depends not only on the constitution of the patient and the extent of his illness but it is closely related to the manipulation methods of the doctor. Satisfactory sensations may be obtained if he handles the needle adroitly and locates the points accurately. In order to enhance the results of treatment, doctors should make careful observations of these sensations in clinical practice.

Clinically, the degree of stimulation does not depend solely upon whether a strong or weak manipulation is given but chiefly depends upon the patient's reaction to needling. That is why it is essential to make a concrete analysis of the specific conditions. For instance, sometimes the doctor thinks he is manipulating the needle vigorously, yet the patient has only a slight sensation, while gentle manipulation may produce a strong reaction in the patient. Therefore, to judge whether the stimulation is strong or weak, the reaction of the patient and the manipulation methods should be considered at the same time.

(6) THE DIRECTION AND DEPTH OF THE NEEDLE INSERTION

1. The Direction of the Needle:

When the needle enters the skin it forms an angle with the skin surface. The degree of the angle depends upon the location and the disease to be treated. Details will be given under each point in Chapter III, but there are general rules for the direction of the needle as follows:

a. *Perpendicular*: That is, the needle enters the skin perpendicularly. This method is applicable to locations with thick muscle or wherever deep puncture is indicated, such as the four extremities, abdomen and the lumbar region.

b. *Oblique*: When the needle enters the skin it forms approximately a 45° angle with the skin surface. This method is mainly used in loca-

tions such as the thoracic and back region close to the viscera or in some special area such as where Pt.* Lieque (Lu. 7) is situated.

c. *Horizontal*: That is, the needle enters the skin horizontally and forms an angle of about 15° with it. This method is preferable for points on the face and head where the muscle is thin. It is also advisable to use this method in puncturing superficially two or more points together at one penetration, or on points of the chest and at the back which are contraindicated to deep puncture. (See Fig. 2.)

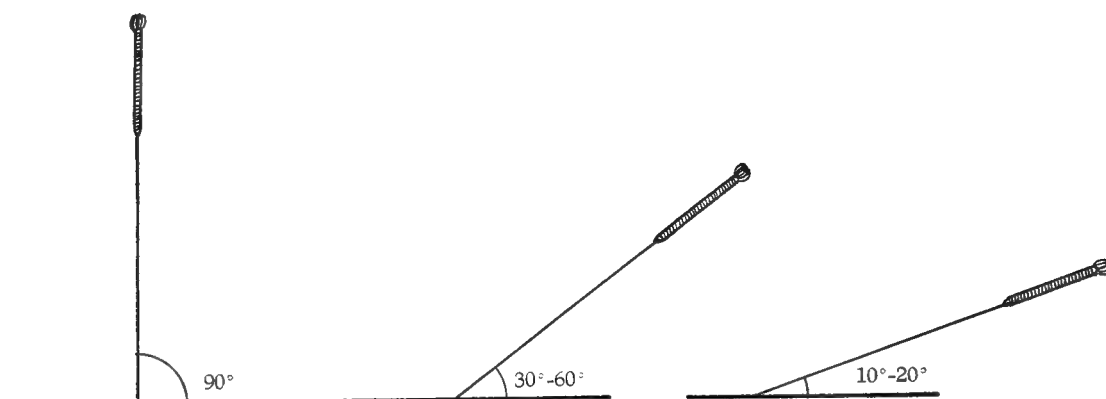


Fig. 2

2. The Depth of the Needle Insertion:

There is no absolute standard for the depth of acupuncture. Usually it depends upon the degree of sensation the patient experiences. Following are some general rules:

a. *Points on the four extremities*: The needle may be inserted deep according to the thickness of the muscle, in fact the needle may even penetrate through to reach another point. Points like Neiguan (P. 6) may be punctured 0.5-1.5 inches deep, and Pt. Zusanli (St. 36) may be punctured 1.0-2.0 inches deep.

b. *Lumbo-sacral and abdominal regions*: Generally a depth of 1.0-2.0 inches can be reached on points of these regions, as the muscles there are rather thick. But the points of the upper abdomen should not be punctured too deeply.

c. *Thoracic and back regions*: Muscles of these regions are thin and there are important viscera such as the heart, lungs, liver and spleen in the close vicinity. It is advisable therefore to puncture superficially,

* Pt. stands for Point.

mostly in an oblique or horizontal direction. But points along the spinal column can be punctured perpendicularly or obliquely towards the mid-line to a depth of about 1.0-1.5 inches.

d. The head and the facial region: Points of these regions should be punctured superficially, obliquely or horizontally, as the muscles there are thin. In order to avoid accidents, serious attention should be paid to the depth of the insertion when puncturing the points of the ophthalmic region, and points of the neck like Fengfu (Du 16), Yamen (Du 15) and Tiantu (Ren 22), as they are in vulnerable spots.

The above principles are applicable to adults in general. For children the depth of acupuncture should be suitably less. At the same time the depth of acupuncture and body build of the patient are closely related. For instance, in puncturing the point Zhongwan (Ren 12), strong sensation may be obtained when a depth of 0.5 inch is reached in a thin patient. On the other hand, sensation can only be induced when the needle is inserted around 2 inches deep for an obese patient. Clinically, careful analysis should be made of each patient.

The general principle is to master the depth precisely when puncturing points close to important viscera and large arteries. The physician should be familiar with the position of the points in relation to their regional anatomy. Observe the patient closely to detect the reaction; at the same time manipulate skilfully so as to achieve a good therapeutic result and avoid accidents.

(7) RETAINING AND MANIPULATING THE NEEDLE

Usually, after the needle is inserted into the skin and sensation results, continuous manipulation such as lifting and thrusting, twisting and twirling, vibrating and scraping of the needle may be applied until a more satisfactory sensation is produced. Then remove the needle.

For acute pain or seizure of certain diseases the needle may be retained for 30 minutes or even for several hours. Manipulate the needle every few minutes during this period in order to strengthen the stimulation. If necessary, manipulation may be done throughout the interval, until remission of the symptoms.

At present, the "swift acupuncture method" is widely used and does not require retaining the needle. It has the advantage of using few points and saving time. However, it requires deep puncture, one insertion sometimes penetrating two points, and the stimulation produced is strong.

(8) MANAGEMENT OF ACCIDENTS WHICH MAY OCCUR IN ACUPUNCTURE

It is not very often that accidents occur, yet precautions should be taken to prevent them. This requires that doctors should have a profound sense of responsibility towards their patients. To new patients having acupuncture for the first time and to those who are nervous and afraid of acupuncture, or to weak, asthenic patients, the doctor should allay their anxiety by explaining patiently to them the procedure of acupuncture.

The following are some of the accidents one may encounter:

1. Fainting:

Symptoms: During acupuncture treatment, symptoms such as dizziness and vertigo, oppressive feeling in chest, palpitation, nausea and pallor may occur. In severe cases, there may be such signs as cold extremities, cold sweating, weak pulse, loss of consciousness, hypotension and shock.

Cause: Nervous tension; or the symptoms may be due to hunger, fatigue or extreme weakness of the patient, or too forceful manipulation resulting in excessive stimulation, etc.

Management: The needle should be removed immediately and the patient allowed to lie flat with the head slightly lower, since the mechanism is probably temporary blood deficiency of the cerebrum. Offer him warm drinks. If already in coma, press Pt. Renzhong (Du 26) with the fingernail, or puncture Renzhong and Neiguan (P. 6). Generally he will respond to these, but if symptoms are still unrelieved, emergency measures should be taken.

Prophylactic measures:

a. It is advisable to let those patients who are weak, tired or in a nervous state lie down while giving treatment.

b. Manipulation should be gentle, and the facial expression and colour of the patient must be observed at all times in order to detect untoward reactions as early as possible and prevent accidents.

2. Stuck Needle:

After the needle is inserted, it is difficult or impossible to rotate, lift and thrust, or even to withdraw it.

Cause: Spasm of the muscle caused by nervous tension of the patient, over-wide amplitude of rotation of the needle, or fibrous tissue becoming tangled around the body of the needle.

Management: For nervous patients, the doctor should give relief from fear, ask them to relax their muscles, then massage around the point, after which the needle should be removable. If the needle is still held fast, ask the patient to lie calmly for a while or give another puncture nearby so as to relax the muscle. If the needle is entangled in fibrous tissue, then slightly turn it in the opposite direction until it becomes loose, then withdraw it.

3. Bent Needle:

The needle becomes bent after it is inserted into the skin.

Cause: This generally happens when the patient changes position while the needle is retained; a too-strong stimulation causes sudden spasm of the muscle; an external force strikes or presses the needle, or the needle is inserted too forcefully.

Management: If the needle is bent due to the patient changing position, then put him back in his original position and remove the needle by following the direction of the bend. Avoid pulling or twisting the needle by force so as to prevent breaking it.

4. Broken Needle:

Cause: There may be cracks or erosions on the body of the needle, especially at the base, or the quality of the needle is poor; the patient has changed his position to too great an extent; strong spasm of the muscle; excessive force used in manipulating; the needle has been struck by an external force, or a bent needle has been withdrawn rigidly.

Management: First of all, the doctor should be calm and advise the patient not to move so as to avoid the broken part of the needle sinking deeper. If a part of it is still exposed above the skin, remove it with the fingers, or with forceps. If it is on the same level with the skin, press the tissues around the site until the broken end is exposed, then take it out with forceps. If it is completely under the skin, try to take it out according to the location by all means and if these fail, surgery should be resorted to.

Prevention: Careful inspection of the needles should be made prior to treatment. The necessity of remaining still while undergoing therapy should be explained to the patient. When manipulating the needle, be sure not to use too great a force, and when the needle is retained, the body of the needle should be exposed about 0.3-0.5 inch above the skin. Do not penetrate up to the hilt of the needle.

5. Management of Inadvertent Injury to Important Organs:

If an important organ is accidentally injured during acupuncture treatment, the doctor must assume complete responsibility and take emergency measures at once. The following are the circumstances which may occur and measures to be taken:

a. *The lung:* If the needle is thrust too deeply or in an incorrect direction into the points of the chest, back or the supraclavicular fossa, traumatic pneumothorax may result, especially in those patients with cough and asthma. Clinical symptoms are pain in the chest and cough. In severe cases there may be dyspnea, pallor, cyanosis, coma, etc. Fatality may occur in very severe cases or if the case is not managed properly.

Principles in management: (a) Let the patient lie calmly. (b) Measures for preventing infection should be taken. (c) Remove air by thoracentesis.

If conditions are lacking to take these measures, the patient should be hospitalized immediately.

b. *The heart, liver, spleen and kidney:* Prior to acupuncture, a physical examination of the patient should be performed in order to diagnose any abnormal changes in the internal organs such as cardiac disease, hepatomegaly or splenomegaly. Determine carefully the outline of these organs so as to prevent puncturing them. Puncturing the liver or spleen may cause rupture with bleeding. Symptoms are abdominal pain, rigidity of the abdominal muscles, rebound pain upon pressure, and in severe cases, coma. Puncturing the kidney may cause pain in the lumbar region, tenderness and pain upon percussion around the kidney region, and bloody urine.

Principles of management: (a) Let the patient lie down and keep calm. (b) Apply conservative treatment under close observation. (c) If ineffective, the patient should be taken to hospital.

c. *Brain and spinal cord:* If the needle enters too deep, or there is inappropriate manipulation in such points as Yamen (Du 15), Fengfu (Du 16) or points above the first lumbar vertebra, there may be bleeding and severe sequelae. Clinical manifestations are convulsions, paralysis, and even coma. Emergency measures should be taken immediately.

d. *Blood vessels:* When giving acupuncture treatment one should avoid puncturing large blood vessels, or local bleeding may occur, especially in old people, as there is little elasticity of their blood vessels. If this happens, measures should be taken to stop bleeding or to help absorption.

Care should also be taken when puncturing in regions close to the stomach, intestine, urinary bladder, gall bladder, the eye, etc., as any mishandling will cause accidents.

B. OTHER ACUPUNCTURE METHODS

(1) THE THREE-EDGED NEEDLE

1. Methods of Manipulation:

There are two methods; one is prompt pricking and the other slow pricking.

The prompt pricking method: Pinch up the skin overlying the point with the thumb, index and middle fingers of the left hand, then hold the handle of the needle tightly with the thumb and index finger of the right hand. With the middle finger supporting the needle, leaving its tip exposed, prick swiftly about 0.1 inch at the point, withdraw the needle immediately, then squeeze out a few drops of blood. This method is mainly applied to the tips of the fingers and toes, the temporal region and the apex of the ear. (See Fig. 3.)

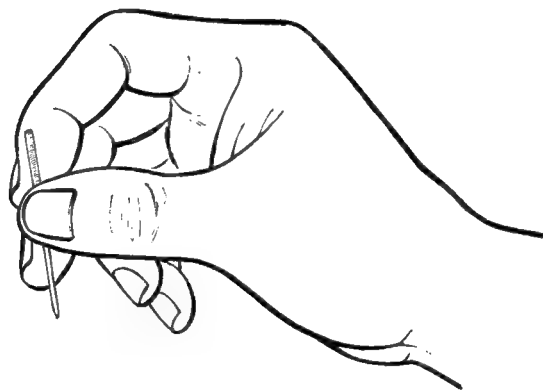


Fig. 3

The slow pricking method: This is superficial venous pricking applied to points like Chize (Lu. 5), Weizhong (U.B. 40), etc. Before pricking, constrict the portion of the limb proximal to the point with rubber tubing so that the vein is prominent, then place the tip of the needle close to the point above the vein and prick slowly about 0.1 inch deep through the wall of the vein. Withdraw the needle slowly. Bleeding is stopped by pressing the punctured site lightly with a sterilized cotton ball.

2. Indications:

This method is mostly applied in febrile diseases, blood stasis, swelling and pain due to traumatic injury, abscesses, skin diseases, etc. It is also used in sunstroke, high fever with convulsions, tonsillitis, acute conjunctivitis, acute gastroenteritis, back sprain, headache, dyspepsia and malnutrition syndrome in children and infants, neurodermatitis, etc.

3. Remarks:

Strict sterilization and asepsis are required.

It is not generally advisable to apply this method to weak or aged patients or those with anemia, hemorrhagic diseases and expectant mothers.

Care must be taken to avoid injuring the deep arteries.

(2) THE "PLUM-BLOSSOM" NEEDLE

The "plum-blossom" needle, also known as the "seven-star" needle, or cutaneous needle, is another device for acupuncture treatment which was mentioned in *Ling Shu Jing* over 2,000 years ago. Its therapeutic method is tapping certain areas of the body or points along the channel(s) with the "plum-blossom" needle, using the elastic force of the wrist.

1. The Needle:

The "plum-blossom" needle usually used in the clinic is made up of 5 or 7 needles, with a long handle. (See Fig. 4.)

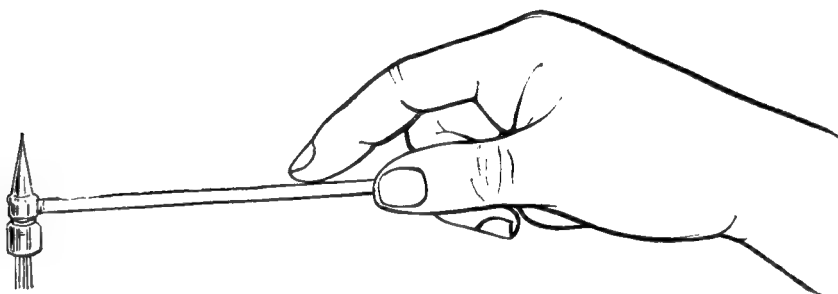


Fig. 4

2. Manipulation:

Sterilize the needles and the skin surface of the area to be treated, then hold the handle of the instrument with the right hand (see Fig. 4) and tap at the skin surface with the elastic movement of the wrist only, the elbow and arm being immobile. The tapping should be precise, with the needle points striking perpendicularly at the skin, and lifting snappily after each tap. It is not advisable to tap obliquely or press the needles into the skin.

According to the disease condition, the patient's constitution and the area to be treated, tapping is divided into light, medium and heavy. In children, in patients in poor health, or nervous patients receiving acupuncture treatment for the first time, light tapping should be applied. Heavy

tapping can be applied where the skin sensation is dull, or where there is severe pain. Generally, medium tapping is applied to most of the cases.

3. Location for Tapping:

a. *The corresponding locations along the spinal column:* For diseases of the internal organs and the nervous system, tapping on the corresponding areas along the spinal column or the points of the Urinary Bladder Channel on the back may be used as the main treatment. For instance, in gastric pain tapping may be applied on both sides of the spinal column from the 5th to the 12th thoracic vertebra and on the upper abdomen; for insomnia tap at the neck, the sacral or the mastoid region; for constipation, tap on the sacral region. (See Fig. 5.)

b. *Location according to the course of the channels:* That is to determine the site for tapping in accordance with the therapeutic properties of the channels and points. For example, for gastric pain, tap on Zusanli (St. 36) and Neiguan (P. 6). Usually, this method is combined with the above method.

c. *The affected area:* In neurodermatitis, the affected area may be tapped until slight bleeding occurs; for diseases of the face and head, tap a few lines on the forehead, the temporal regions and around the cranium, and on the occipital and neck regions along the distribution of the muscles. For diseases of the chest, the intercostal spaces may be tapped.

d. *Tap according to palpated masses and sensitive spots:* With certain diseases there may be cords or nodules in the subcutaneous tissue, or there may be numbness or tenderness in the local area. Tapping may be applied mainly to these spots.

4. Indications:

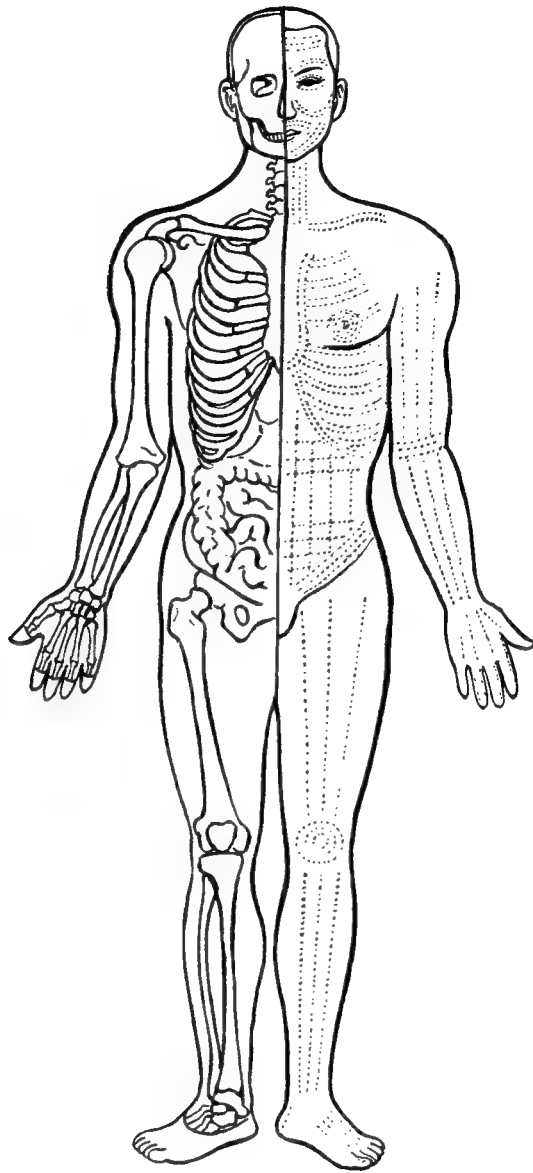
The range of indications is rather broad for this method as most of the diseases that respond to acupuncture treatment can be treated with the "plum-blossom" needle. Examples are neurasthenia, neurodermatitis, erysipelas, hemiplegia, loss of hair, migraine, enuresis, arthritis, chronic gastroenteritis, neuralgia and some gynecological conditions.

5. Remarks:

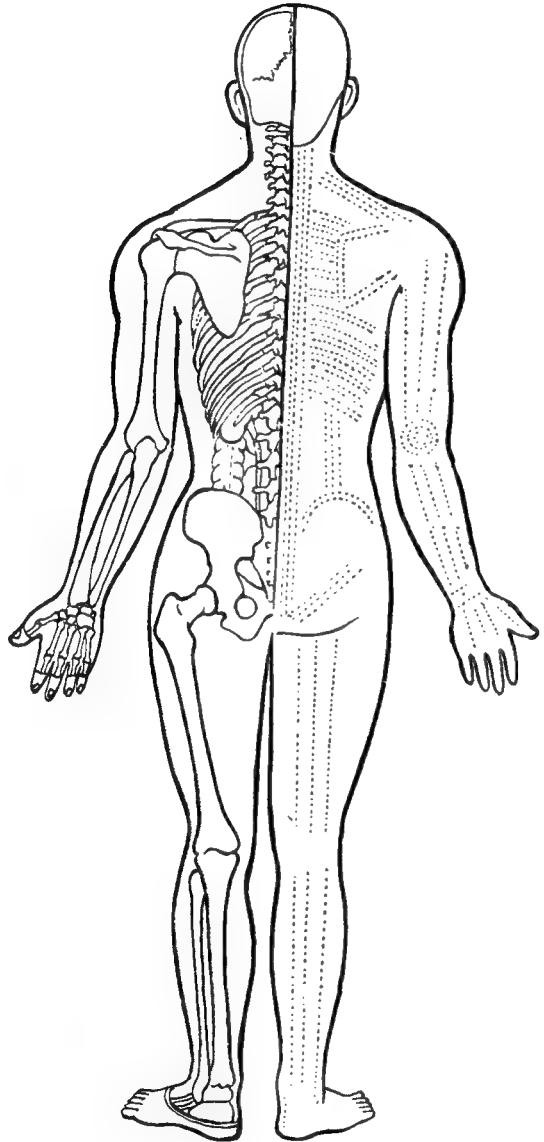
a. Before treatment, examine the tips of the needles to see that they are even, and be sure there are no hooks.

b. Pay attention to the sterilization of the needles and the skin surface of the patient.

c. It is not advisable to employ this treatment in cutaneous ulcers, traumatic injury or emergency conditions.



a



b

Fig. 5

(3) ELECTRO-ACUPUNCTURE

Electro-acupuncture developed from the hand-manipulated method following the use of an electrical device. It was around 1934 that China began applying electro-acupuncture.

The method of electro-acupuncture is to apply current to the needle after it is inserted into the skin and the needle sensation is felt. Therapeutic effect is achieved through acupuncture stimulation of the body aided by the electric current. Its advantages are as follows:

- a. It substitutes the prolonged hand-manoeuvring, thus saving time.
- b. It can produce stronger stimulation.
- c. The amount of stimulating force can be adjusted more accurately.

There are various kinds of electro-acupuncture apparatus. At present, the one used most commonly is the transistor acupuncture apparatus.

1. Manipulation Methods:

Before using the electro-acupuncture apparatus, one must be familiar with its characteristics, then follow the directions.

- a. After the filiform needles are inserted into the skin and the needle sensation felt, attach the two conducting wires to the bodies of the two needles.

- b. First adjust the potentiometer to "zero," then switch on the current and slowly adjust it to the required amount. (Strong stimulation, if applied, must be within the tolerance of the patient.)

- c. Duration of treatment is generally from 10 to 20 minutes. For some diseases it may be extended to 30 minutes.

- d. After treatment, turn the potentiometer back to "zero" and switch off the current.

- e. During treatment the patient may become adapted to the stimulation after 1 to 2 minutes, i.e., the sensation of stimulation gradually becomes weak, in which case the current may be appropriately increased or the waves and frequency changed to induce fluctuation in current. Adaptation to stimulation by the patient may thus be avoided.

2. Indications:

Electro-acupuncture is suitable for treating diseases for which hand-manipulated acupuncture is indicated. Good results may be obtained especially in neuralgia and neuroparalysis. In stopping pain and spasmolysis, it is more effective than hand-manipulated acupuncture. In patients with serious cardiac disease, this method should be used with caution.

3. Remarks:

- a. Stimulation by the electro-needle is rather strong, hence measures for preventing fainting must be taken. Attention must be paid to avoid bending or breaking the needle, as electro-needling frequently induces strong spasm of the muscle.
- b. Adjust the potentiometer slowly to avoid sudden excessive stimulation.
- c. During treatment, rhythmic spasm or weak twitching of the muscle, sensation of numbness, distention and heaviness may occur. These are considered as normal phenomena.
- d. Current must not be too strong when applying electro-acupuncture to the facial region or regions below the elbow and knee, as these areas are very sensitive to electric stimulation.

(4) INTRADERMAL IMBEDDING OF NEEDLE

There are two kinds of intradermal or implanted needles. One is like a thumbtack, while the other has a handle and is shaped like a grain of wheat. (See Fig. 6.) A short, fine filiform needle can also be implanted.

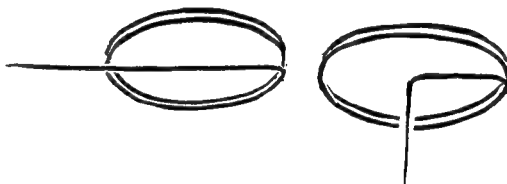


Fig. 6

The thumbtack type is generally applied in the auricular region. For treatment, sterilize the local area of the selected point, pick up the needle with forceps, apply it perpendicularly and fix it with adhesive tape.

The grain-like needle or the short filiform needle can be applied to various parts of the body. The procedure is the same as above, only the needle should be inserted horizontally or obliquely under the skin and then fixed with adhesive tape.

This method is indicated mainly in chronic, stubborn or painful diseases.

In order to avoid infection, attention must be paid to local sterilization. It is not advisable to apply this treatment on points near a purulent focus.

Duration for intradermal imbedding may be from one to seven days.

C. MOXIBUSTION

Moxibustion therapy means treating disease with ignited "moxa-wool" to produce heat on the points or certain locations of the human body.

"Moxa-wool" is made of dry moxa leaves (*Artemisia Vulgaris*) ground into a fine powder with the coarse residue removed. It has the properties of warming and removing obstruction of the channels, eliminating the cold and damp factors and thus promoting the function of the organs. It is considered that the older the moxa-wool the better.

The moxa-wool may be made in the shape of a cone, the largest size being about 1 cm. in height and 0.8 cm. in diameter; a medium-sized moxa-cone is about half the size of a date stone, and the smallest the size of a wheat grain. Clinically, one cone is considered as one unit, but the cone form is seldom used today.

The moxa-wool may also be made like a large-size cigarette, that is, by rolling the moxa-wool firmly in a piece of soft paper and pasting up the ends. Such a moxa-stick is usually about 20 cm. long with a diameter of 1.5 cm.

(1) DIRECT MOXIBUSTION

Direct moxibustion is performed by placing the ignited cone directly over the point on the skin. There are two types of this method: the scarring and the non-scarring moxibustion. (See Fig. 7a.)

The non-scarring moxibustion: Put the cone on the selected point and ignite from the top, remove it and put on a new one when the patient feels scorching with slight pain. Repeat this procedure until the area is red and congested. Usually, apply 3 to 5 cones for one treatment, and give one treatment every other day.

This method is mainly applied in chronic diseases related to the cold and xu types, such as asthma, chronic diarrhea and indigestion.

The scarring moxibustion: Place a small moxa-cone directly on the skin and ignite it. When it is completely burnt, place another one, repeating this 3 to 7 times on each point. Blisters and pustules are formed and, when healed, scars remain; hence the name. Generally, select one or two points for each treatment. Treat every other day or every third day. This method is seldom used in the clinic nowadays as it causes pain and the scars are undesirable.

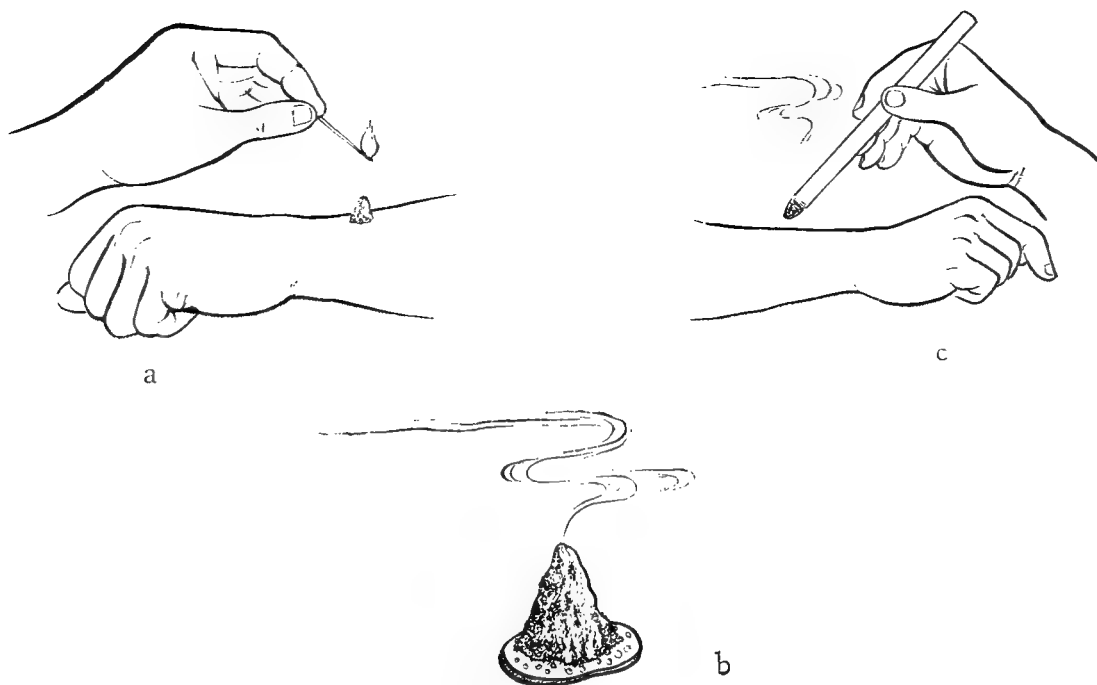


Fig. 7

(2) INDIRECT MOXIBUSTION

Put a slice of ginger or garlic, or a layer of salt on the point, then place a moxa-cone (large or medium size) on top and ignite from the top. A detailed description of the methods follows:

1. Indirect Moxibustion with Ginger:

Cut a slice of ginger about 0.3 to 0.5 cm. thick, punch holes in it and place it on the point. Put the moxa-cone (large or medium size) on the ginger and ignite it. (See Fig. 7b.) When the patient feels a burning sensation, remove it and light another cone. Repeat until the skin becomes red and moist. Three to five cones can be used at each treatment, to be repeated every other day.

This method is indicated in vomiting and diarrhea of the cold type, arthritis, and other diseases that are responsive to moxibustion.

2. Indirect Moxibustion with Garlic:

The procedure is the same as above, using garlic instead of ginger. This method is indicated in pulmonary tuberculosis, tuberculosis of the lymph

nodes, and cold abscess in the primary stage. This method is contra-indicated in patients with fever.

3. Indirect Moxibustion with Salt:

This is mainly applied in the umbilicus. Fill the umbilicus with salt to the level of the skin, put a piece of ginger over it and ignite a cone on it, the procedures being the same as above. This is mainly used in emergency cases, such as coma, apoplexy of the "flaccid type" (see p. 254), vomiting and diarrhea.

Other materials or drugs, such as asconite, may also be used for indirect moxibustion instead of ginger or garlic. They can be ground into powder and made into a paste.

(3) MOXIBUSTION WITH MOXA-STICK

Apply the moxa-stick above the selected point from a distance of about 3 cm. (see Fig. 7c) until the local area becomes pink, generally in 5-10 minutes. This method is known as the warming moxibustion. Another method is to hold the ignited moxa-stick above the point, then move it upward and downward to produce warmth. This is known as "sparrow-picking moxibustion." It is indicated in arthritis, abdominal pain, diarrhea and malposition of the fetus.

(4) MOXIBUSTION WITH WARMING NEEDLE

When the needle is retained in acupuncture, a piece of moxa-stick is placed on top of the needle handle and ignited. Heat is conducted to the deep tissues through the needle. This method is mainly applied to diseases like arthritis and for abdominal pain.

(5) REMARKS

- a. Before treatment, place the patient in a comfortable position to avoid changing his posture and getting burnt.
- b. In indirect moxibustion with ginger or garlic, take care not to cause blisters. If they occur, treat as an ordinary burn.
- c. It is not advisable to apply moxibustion to the areas near the sense organs or mucous membrane.
- d. Moxibustion is not advisable for febrile diseases.

D. CUPPING THERAPEUTIC METHODS

Cupping was called the "horn method" in ancient times, i.e., treating diseases through local congestion or blood stasis by using a small jar in which a vacuum is created by introducing heat, then attaching it by suction to the skin surface where the selected point is located.

Glass, ceramic or bamboo jars, or cups, are frequently used.

(1) CUPPING METHODS

a. Soak a cotton ball attached to a stick in 95% alcohol, ignite it and put it inside and circle around the jar; then withdraw the fire and quickly cup the jar on the skin surface.

b. Soak a piece of cotton in 95% alcohol and stick it to the inside bottom of the jar, ignite it and immediately cup the jar on the skin surface. Attention must be paid that the cotton does not carry too much alcohol, or the excess will flow out and burn the skin.

c. A folk method is to ignite a thin sheet of paper and put it inside the jar, then cup the jar rapidly on the skin surface. In order to avoid burns, action must be swift.

(2) INDICATIONS

The cupping method is indicated in numerous diseases, but mainly in diseases like arthritis (especially in the lumbar region), in injury of soft tissue, sprains, pain in the extremities, paralysis, bronchitis, asthma, etc.

(3) PRECAUTIONS

a. It is not advisable to apply cupping in diseases with high fever and convulsions, to skin with ulcers or when there is an unhealed wound, or in emergency cases.

b. The size of the jars depends on the cupping location and the duration required according to the amount of suction necessary. The jar should be withdrawn as soon as the skin is congested and blood stasis formed. Burning and blistering must be avoided.

c. If large blisters form after cupping, it is necessary to puncture them with a needle and evacuate the fluid.

To avoid infection, apply gentian violet and sterile dressing.

d. In withdrawing the jar, one must not use force, but press the skin around the rim of the jar so as to let in air, after which it will come off by itself.

Appendix

CUPPING WITH PRICKING OF SUPERFICIAL VEINS

First, prick the skin with the three-edged needle or with the filiform needle, or tap the skin surface with the "plum-blossom" needle, to produce slight bleeding of the local area, then apply cupping immediately. The amount of blood letting should be decided according to the pathological condition; it should be controlled by the depth of pricking and the duration of the cupping.

This method is indicated in sprain or lesions of the soft tissue, local inflammation as in erysipelas, and in arthritis and neurodermatitis.

CHAPTER II

THE THEORY OF THE CHANNELS AND COLLATERALS

A. CHANNELS AND COLLATERALS

(1) THE CONCEPT OF CHANNELS AND COLLATERALS

Chinese traditional medicine considers that channels (经jing) and collaterals (络luo) are passages distributed in the human body in which "blood" (血) and "qi" (气 vital energy) circulate. They form a network connecting the superficial and interior portions of the human body, regulating the function of the whole body.

Channels are the main trunks running lengthwise, while the collaterals are their branches.

Channels can be classified into two groups: the regular channels and the extra channels. Together they form the channel system. Generally, the regular channels are known as the Twelve Channels and the extra channels as the Eight Extra Channels.

As for collaterals, there are the major collaterals and the subcollaterals. They make possible connection between one channel and another.

The channels are symmetrically distributed over the entire body. Internally, they connect with the viscera, and externally with the four extremities, skin and the sense organs, making the body an organic whole.

The ancients discovered in the course of struggling against disease that stimulating certain spots of the body surface ameliorated internal diseases. They called such spots "points." They further discovered that stimulating

a definite series of points ameliorated the syndrome of diseases of a specific organ. As they connected these points and the functions of the organs into a system, the theory of the channels and collaterals was gradually formed. However, owing to the restrictions placed by existing social conditions and the limited scientific knowledge, it was impossible then to do further research into this theory.

Since the founding of the People's Republic of China, the People's Government has implemented a correct policy concerning Chinese traditional medicine. As a result, the personnel of both Chinese and Western medicine unite and work in close co-operation, doing a great deal of research in the theory of channels. They have come to the conclusion that the channels are closely related to the nerves, blood vessels and body fluids. But as the theory involves some unresolved problems of modern medicine and biology, further investigation remains to be done.

For several thousand years, all departments of Chinese traditional medicine, especially acupuncture, have been based on the theory of the channels. Therefore details are given in this chapter to facilitate readers' research and study.

(2) THE COURSE OF THE CHANNELS AND THEIR PATHOLOGICAL SYMPTOMS

1. The Twelve Channels:

Because the Twelve Channels, in their course of circulation, superficially connect with the upper and lower extremities, head and trunk, and internally with the zang organs (脏 heart, pericardium, liver, spleen, lung, kidney) or the fu organs (腑 gall bladder, stomach, small intestine, large intestine, urinary bladder, Sanjiao — the upper, middle and lower portions of the body cavity), and as the medial aspect of the extremities and the zang organs are considered to relate to yin (阴) while the lateral aspect of the extremities and the fu organs are related to yang (阳), the name of a channel is composed of three parts: (a) hand or foot, (b) yin or yang, and (c) zang or fu.

The channels taking their course in the palmar (medial) aspect of the upper extremities and pertaining to the zang organs are called the Three Yin Channels of Hand, while those taking their course in the dorsal (lateral) aspect of the upper extremities and pertaining to the fu organs are called the Three Yang Channels of Hand; likewise, the channels which run in the medial aspect of the lower extremities are termed as the Three Yin

Channels of Foot, while those channels which run in the lateral aspect of the lower extremities are known as the Three Yang Channels of Foot. Collectively they are known as the Twelve Channels.

THE TWELVE CHANNELS

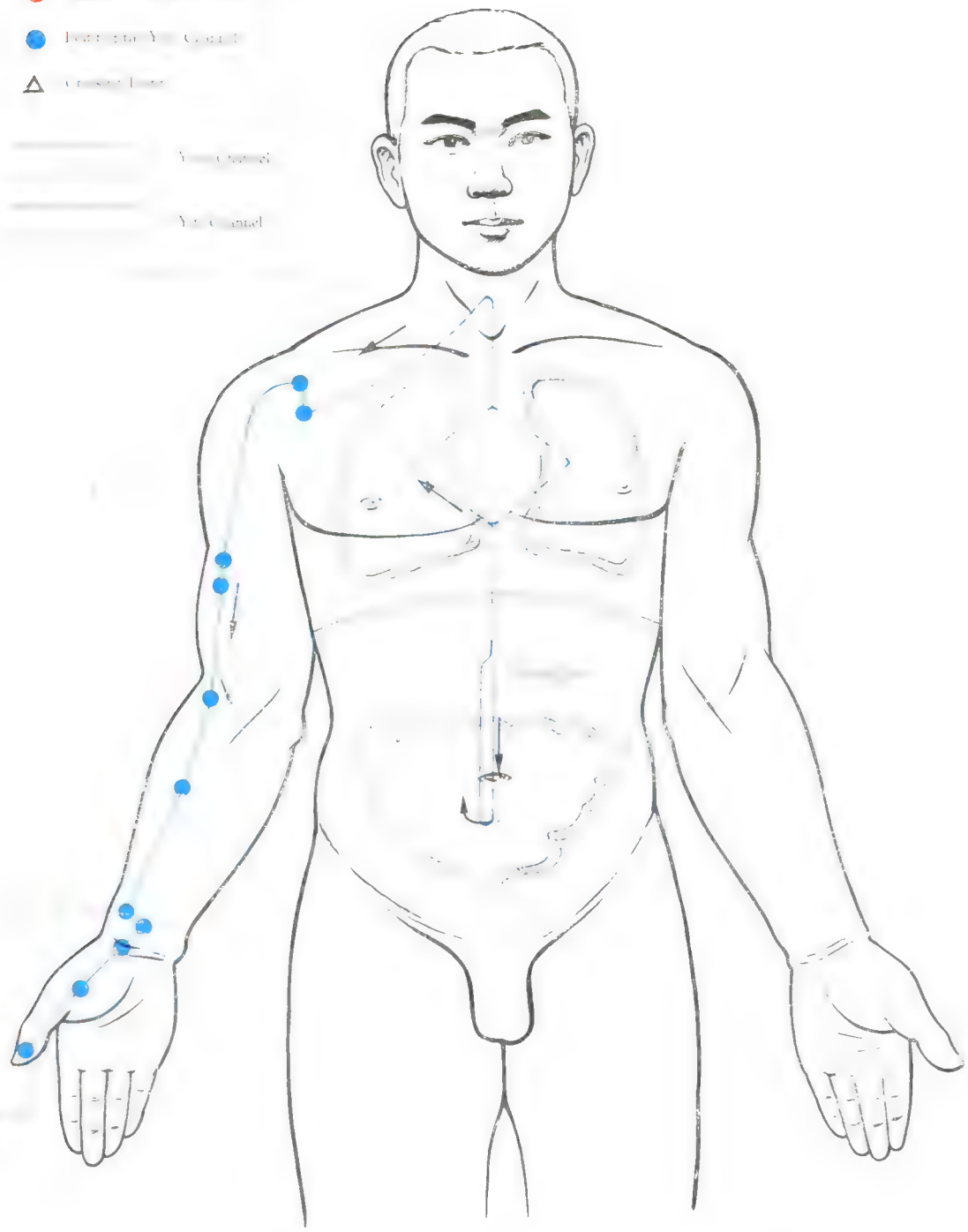
<i>Name of the Channel</i>	<i>Abbrev.</i>
1. The Lung Channel of Hand-Taiyin	Lu. C.
2. The Large Intestine Channel of Hand-Yangming	L.I.C.
3. The Stomach Channel of Foot-Yangming	St. C.
4. The Spleen Channel of Foot-Taiyin	Sp. C.
5. The Heart Channel of Hand-Shaoyin	H.C.
6. The Small Intestine Channel of Hand-Taiyang	S.I.C.
7. The Urinary Bladder Channel of Foot-Taiyang	U.B.C.
8. The Kidney Channel of Foot-Shaoyin	K.C.
9. The Pericardium Channel of Hand-Jueyin	P.C.
10. The Sanjiao Channel of Hand-Shaoyang	S.J.C.
11. The Gall Bladder Channel of Foot-Shaoyang	G.B.C.
12. The Liver Channel of Foot-Jueyin	Liv. C.

The courses of the Twelve Channels and their pathological symptoms are described respectively as follows:

a. The Lung Channel of Hand-Taiyin

Course: This channel originates in Zhongjiao (the middle portion of the body cavity), running downward to connect with the large intestine. Turning back it follows the cardiac orifice, then passes through the diaphragm to enter its pertaining organ — the lung. From the portion between the lung and the throat it comes out transversely (Zhongfu, Lu. 1). Descending, it runs along the medial aspect of the upper arm and passes in front of the Heart Channel and the Pericardium Channel, reaching the cubital fossa. From there it runs along the anterior border of the radius on the medial aspect of the forearm and goes into Cunkou (above the radial artery of the wrist where the pulse is felt). Then it passes Pt. Yuji (Lu. 10) and emerges from the medial side of the tip of the thumb (Shaoshang, Lu. 11). The Branch of the Proximal Aspect of the Wrist splits from Pt. Lieque (Lu. 7), then runs directly to the radial side of the tip of the index finger (Shangyang, L.I. 1). It connects with the Large Intestine Channel of Hand-Yangming. (See Fig. 8.)

10.
 ● Left Lung Channel
 ● Left Lung Channel
 △ Crossed Lines
 — Lung Channel
 — Lung Channel



The unbroken line shows the channel.
 The broken line shows the internal connections of the channel.

Fig. 8. The Lung Channel of Hand-Taiyin

Pathological Symptoms: Fullness in the chest, cough, dyspnea, asthma, hemoptysis, sore throat, common cold, chills and aching of the shoulder and back, pain along the course of this channel.

b. The Large Intestine Channel of Hand-Yangming

Course: This channel starts from the tip of the index finger (Shangyang, L.I. 1). Then it runs upward along the radial side of the index finger, passing through the interspace of the first and the second metacarpal bones (Hegu, L.I. 4). From there it goes into the depression between the tendons of m. extensor pollicis longus and brevis, then along the antero-lateral aspect of the forearm to the lateral side of the elbow. From there it runs along the anterior border of the lateral side of the upper arm to the highest point of the shoulder (Jianyu, L.I. 15), and along the anterior border of the acromion up to the 7th cervical vertebra (Dazhui, Du 14), from where it turns downward into the supraclavicular fossa to communicate with the lung. It then passes through the diaphragm and enters its pertaining organ — the large intestine. The Branch from the Supraclavicular Fossa ascends through the neck, passes through the cheek and enters the lower teeth and gum. Then it curves around the upper lip and crosses the symmetrical channel at the philtrum. From there the channel of the left side crosses over to the right and the right side channel crosses to the left, leading to the sides of the nose (Yingxiang, L.I. 20) and connecting with the Stomach Channel of Foot-Yangming. (See Fig. 9.)

Pathological Symptoms: Abdominal pain, borborygmus, diarrhea, constipation, dysentery, sore throat, toothache, serous nasal discharge or epistaxis, pain along the course of this channel.

c. The Stomach Channel of Foot-Yangming

Course: This channel starts from Pt. Yingxiang (L.I. 20) lateral to ala nasi, then it ascends to the root of the nose meeting the Urinary Bladder Channel at Pt. Jingming (U.B. 1). Descending along the lateral side of the nose (Chengqi, St. 1), it enters into the upper gum. Emerging and curving around the lips, it meets the symmetrical channel at the middle of the mental labial groove (Chengjiang, Ren 24). Coming out at Pt. Daying (St. 5) and running along the angle of the jaw (Jiache, St. 6), it goes upward in front of the ear and passes through Shangguan (G.B.

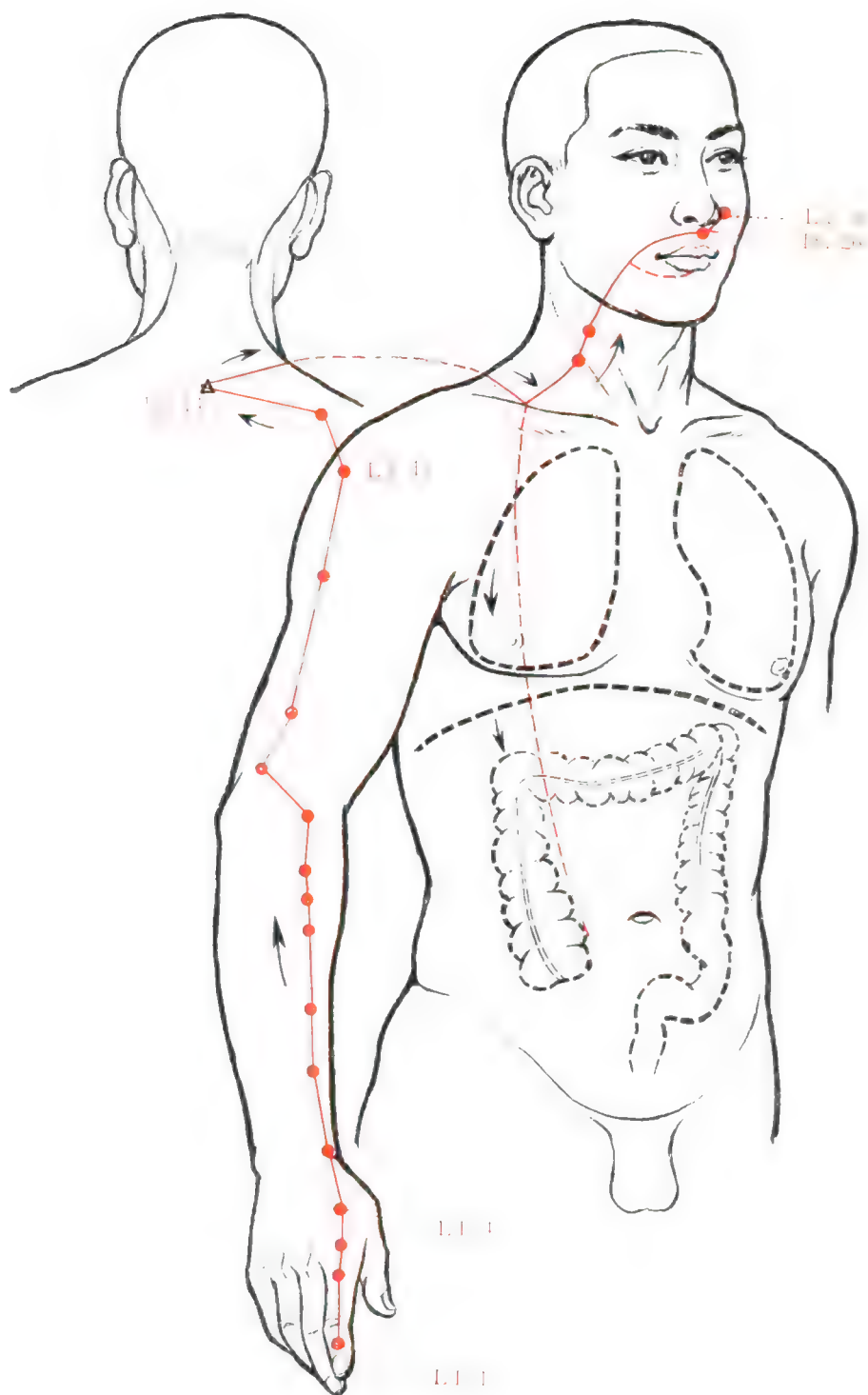


Fig. 9. The Large Intestine Channel of Hand-Yangming

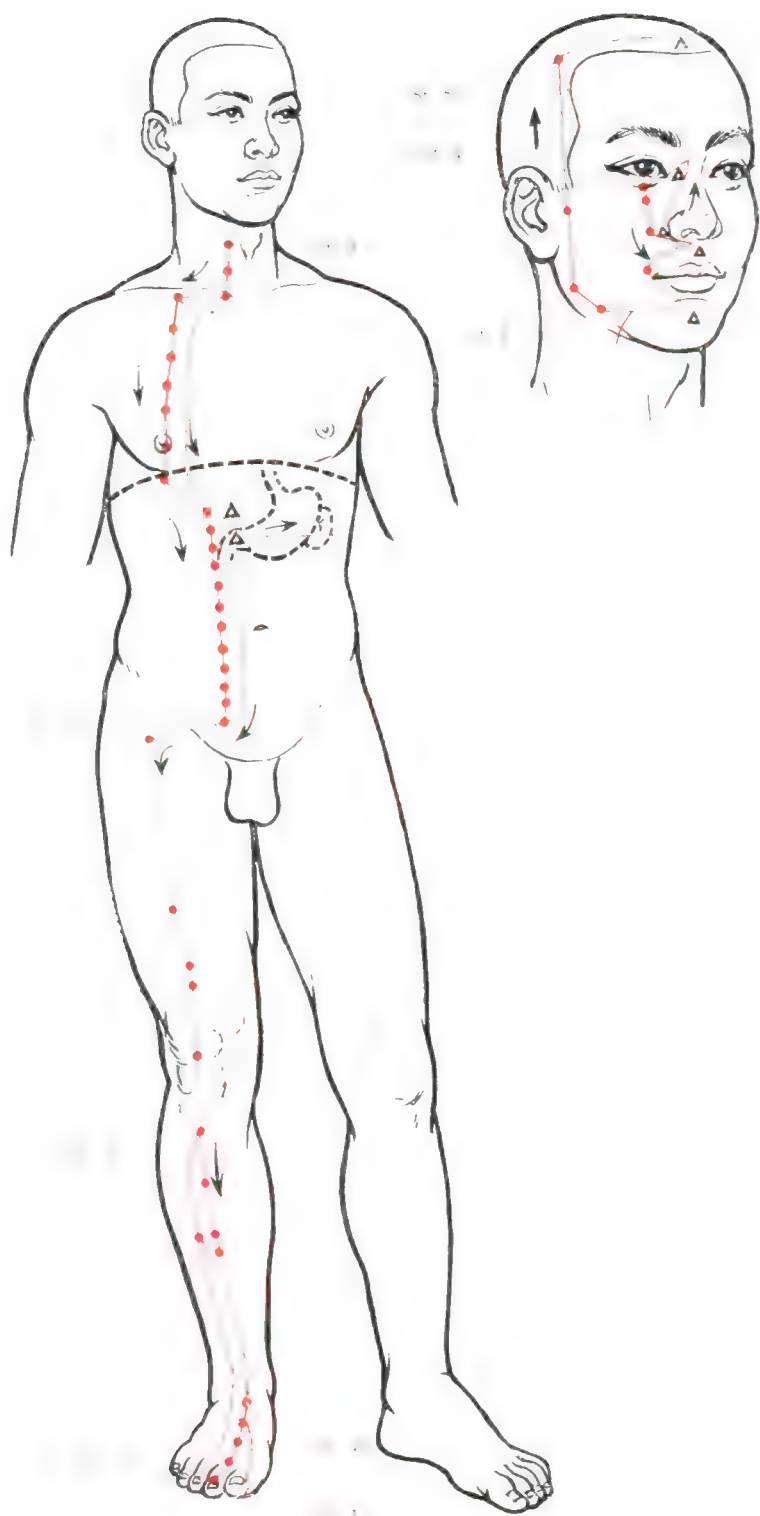


Fig. 10. The Stomach Channel of Foot-Yangming

3) of the Gall Bladder Channel of Foot-Shaoyang, then following the hairline it reaches the forehead (Touwei, St. 8). (See Fig. 10.)

The Facial Branch sprouts in front of Daying (St. 5), running downward to Renying (St. 9). From there it goes along the throat to the supraclavicular fossa, descending through the diaphragm to enter its pertaining organ, the stomach, and communicate with the spleen.

The main channel runs straight downward from the supraclavicular fossa along the mammillary line, then medially descends along the sides of the umbilicus and enters the lower abdomen (Qichong, St. 30).

The Stomach Branch starts from the pylorus, descends inside the abdomen and joins the original channel at Qichong (St. 30). Running downward, passing Biguan (St. 31) further through Femur-Futu (St. 32) right to the knee, it runs along the antero-lateral aspect of the tibia directly to the dorsum of the foot from where it reaches the lateral side of the tip of the second toe (Lidui, St. 45).

The Tibial Branch deviates at Pt. Zusanli (St. 36) 3 cun below the patella and terminates at the lateral side of the middle toe.

The Branch from the Dorsum of Foot splits at Pt. Chongyang (St. 42) and terminates at the medial side of the great toe (Yinbai, Sp. 1). There it connects with the Spleen Channel of Foot-Taiyin. (See Fig. 10.)

Pathological Symptoms: Abdominal distention, borborygmus, gastralgia, edema, vomiting, facial paralysis, sore throat, epistaxis, pain along the route of this channel such as in the chest and knee, febrile diseases, mania, etc.

d. The Spleen Channel of Foot-Taiyin

Course: This channel originates in the medial side of the great toe at Pt. Yinbai (Sp. 1). From there it runs along the junction of the "red and white" skin of the medial aspect of the foot and ascends in front of the medial malleolus up to the leg. From there it runs along the posterior surface of the tibia, medial aspect of the leg, and crosses and runs in front of the Liver Channel of Foot-Jueyin, then it passes through the anterior medial aspect of the knee and thigh and further upward to enter the abdominal cavity and go into the spleen, its pertaining organ, and communicate with the stomach. From there it passes through the diaphragm and, ascending along the esophagus, reaches both sides of the root of the tongue and spreads over its lower surface. (See Fig. 11.)

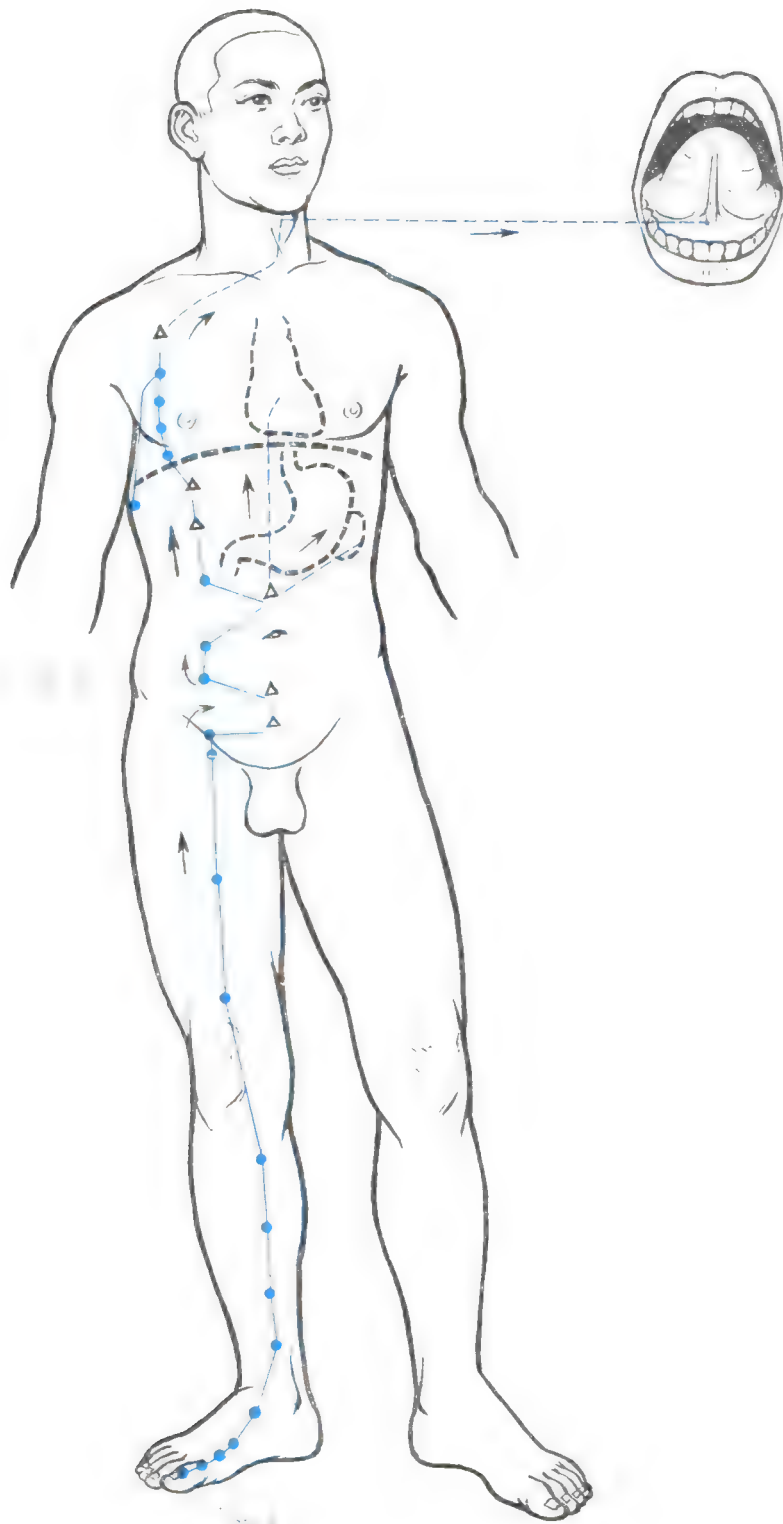


Fig. 11. The Spleen Channel of Foot-Taiyin

The Branch of the Stomach leaves the stomach, passes upward through the diaphragm, dispersing into the heart, to connect with the Heart Channel of Hand-Shaoyin. (See Fig. 11.)

Pathological Symptoms: Stiffness and pain of tongue, gastric pain, abdominal distention, vomiting, jaundice, general weakness and heaviness of body, pain and swelling along the course of this channel.

e. The Heart Channel of Hand-Shaoyin

Course: This channel starts from the heart, passing through the diaphragm to communicate with the small intestine.

A branch emerges from the heart, runs upward along the side of the esophagus and joins the eye.

The original channel runs transversely from the heart to the lung, then descends, emerges from the axilla, passing along the posterior border of the medial aspect of the upper arm behind the Lung Channel of Hand-Taiyin and the Pericardium Channel of Hand-Jueyin down to the cubital fossa, then along the posterior border of the medial aspect of the forearm to the capitate bone proximal to the palm, then via the palm along the medial side of the little finger to its tip (Shaochong, H. 9) it connects with the Small Intestine Channel of Hand-Taiyang. (See Fig. 12.)

Pathological Symptoms: Dryness of throat, pain in the cardiac or hypochondriac region, thirst, jaundice, increase in temperature of palm, and pain along the course of this channel.

f. The Small Intestine Channel of Hand-Taiyang

Course: This channel starts from the ulnar side of the tip of the little finger (Shaoze, S.I. 1), follows the ulnar side of the palm to the wrist and emerges from the styloid process of the ulna. From there it passes straight upward along the posterior aspect of the forearm, passes between the olecranon of the ulna and the medial epicondyle of the humerus and runs along the posterior border of the lateral aspect of the upper arm to the shoulder joint, circling around the shoulder and meeting the Du Channel at Dazhui (Du 14). Then, turning downward into the supraclavicular fossa, it joins the heart. From there it descends along the esophagus, passes through the diaphragm to the stomach, finally entering its pertaining organ, the small intestine. (See Fig. 13.)

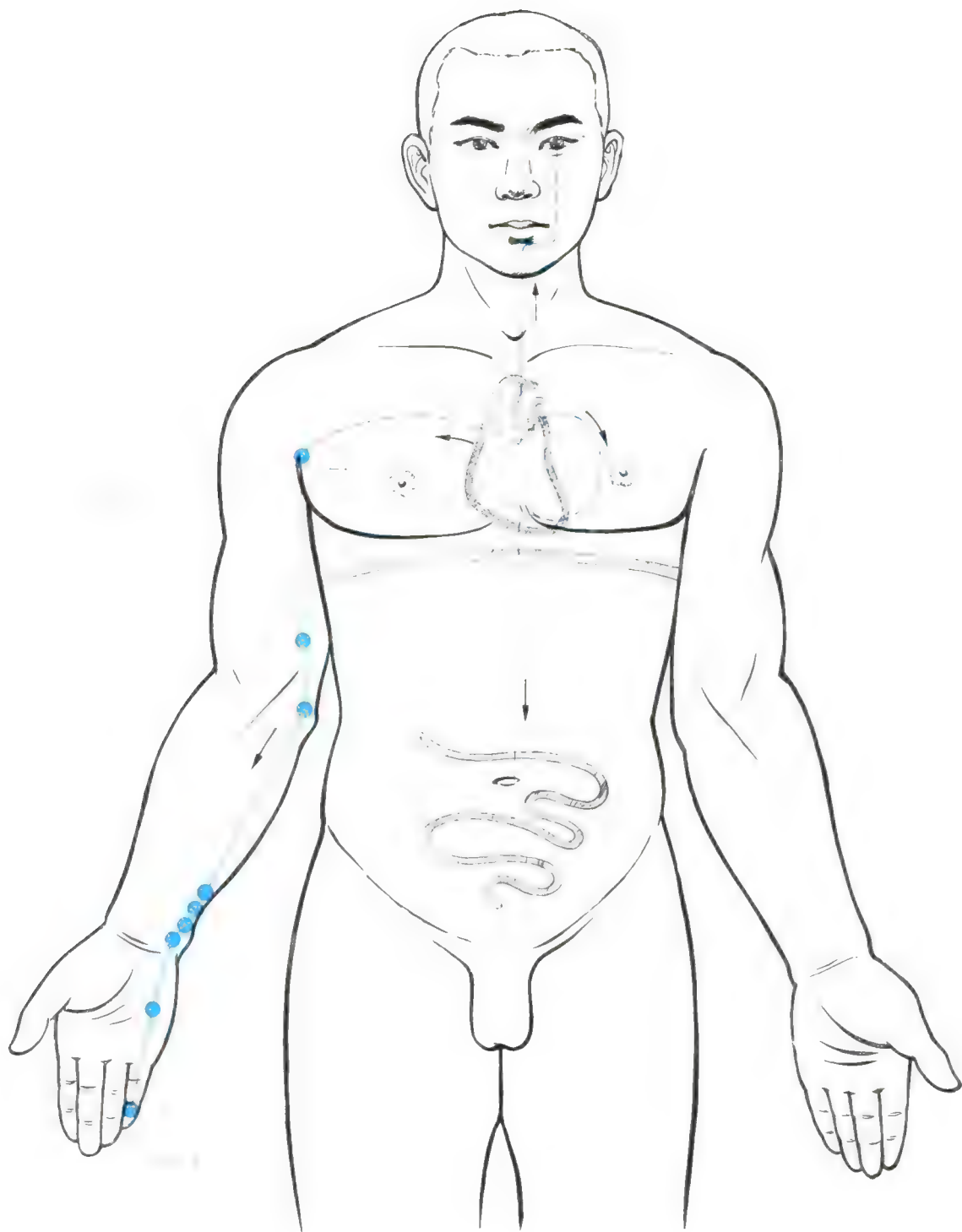


Fig. 12. The Heart Channel of Hand-Shaoyin

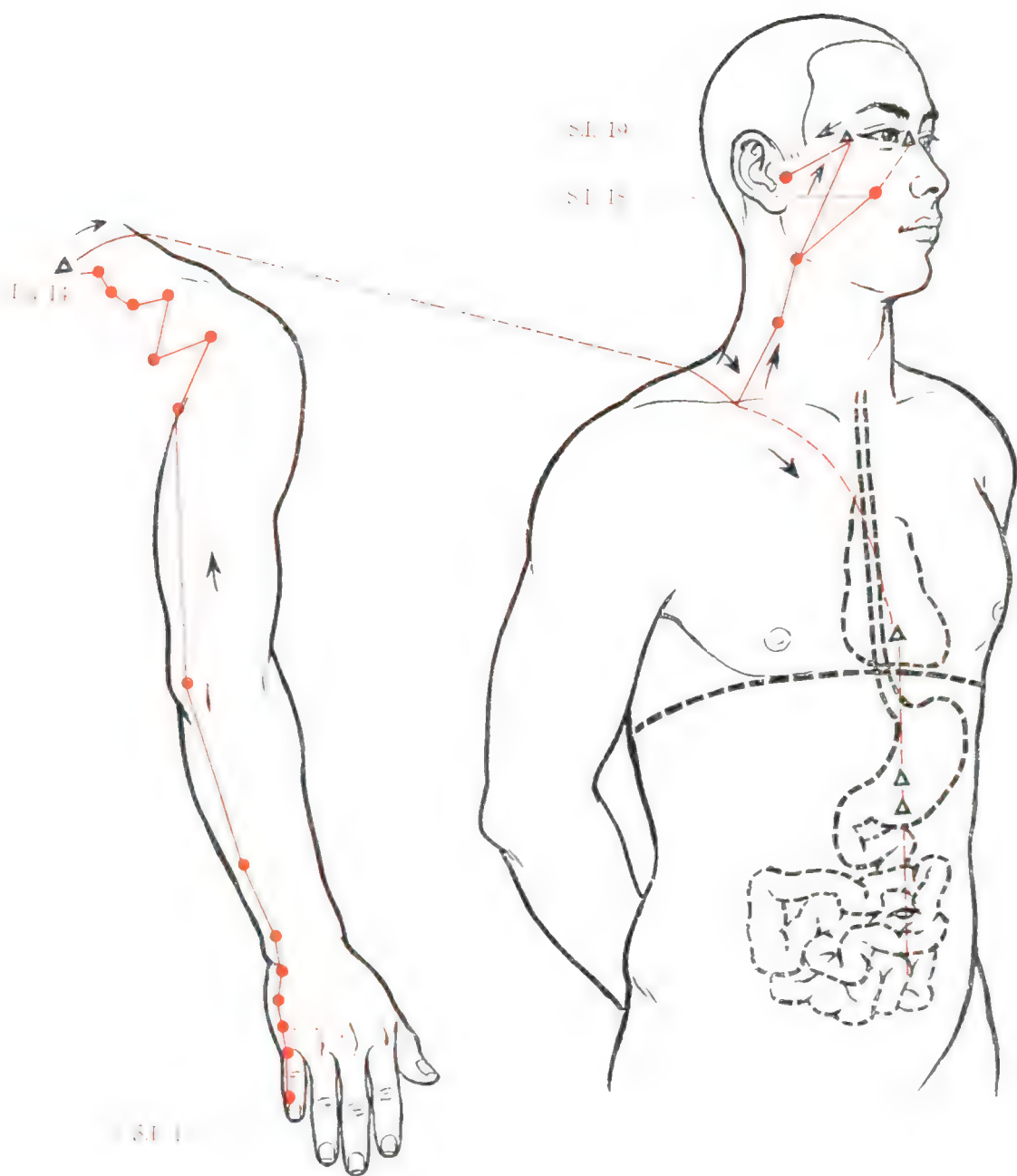


Fig. 13. The Small Intestine Channel of Hand-Taiyang

The Branch of the Supraclavicular Fossa emerges from the supraclavicular fossa, ascends to the neck and further to the cheek via the outer canthus to enter the ear at Tinggong (S.I. 19).

The Branch of the Cheek runs across the cheek and up to the infraorbital region (Quanliao, S.I. 18), whence to the lateral side of the nose, finally passing into the inner canthus (Jingming, U.B. 1) and connecting with the Urinary Bladder Channel of Foot-Taiyang. (See Fig. 13.)

Pathological Symptoms: Pain in the lower abdomen, deafness, jaundice, swelling of cheek, sore throat and pain along the course of this channel.

g. The Urinary Bladder Channel of Foot-Taiyang

Course: This channel commences from the inner canthus (Jingming, U.B. 1), ascends to the forehead and joins its symmetrical channel at the vertex (Baihui, Du 20), where a branch splits off running to the temple. The original channel enters into and communicates with the brain from the vertex, then re-emerges, bifurcating at the back of the neck and running downward along the medial side of the scapula, then parallel to the vertebral column to the lumbar region where it enters the body cavity through the paravertebral muscles, communicating with the kidney and finally joining its pertaining organ, the urinary bladder. (See Fig. 14.)

The Branch of the Lumbar Region descends through the gluteal region and ends in the popliteal fossa.

The Branch of the Neck emerges from the original channel at the back of the neck from where it runs straight downward along the medial side of the scapula and passes through the gluteal region (Huantiao, G.B. 30) and along the lateral side of the thigh where it meets the branch descending from the lumbar region in the popliteal fossa. From there it runs continuously downward to the leg, then to the posterior aspect of the external malleolus along the 5th metatarsal bone and through its tuberosity to the lateral side of the tip of the small toe (Zhiyin, U.B. 67), finally connecting with the Kidney Channel of Foot-Shaoyin. (See Fig. 14.)

Pathological Symptoms: Retention of urine, enuresis, mania, headache, eye diseases, pain along the course of this channel such as in the back, neck, lumbar region and lower extremities.

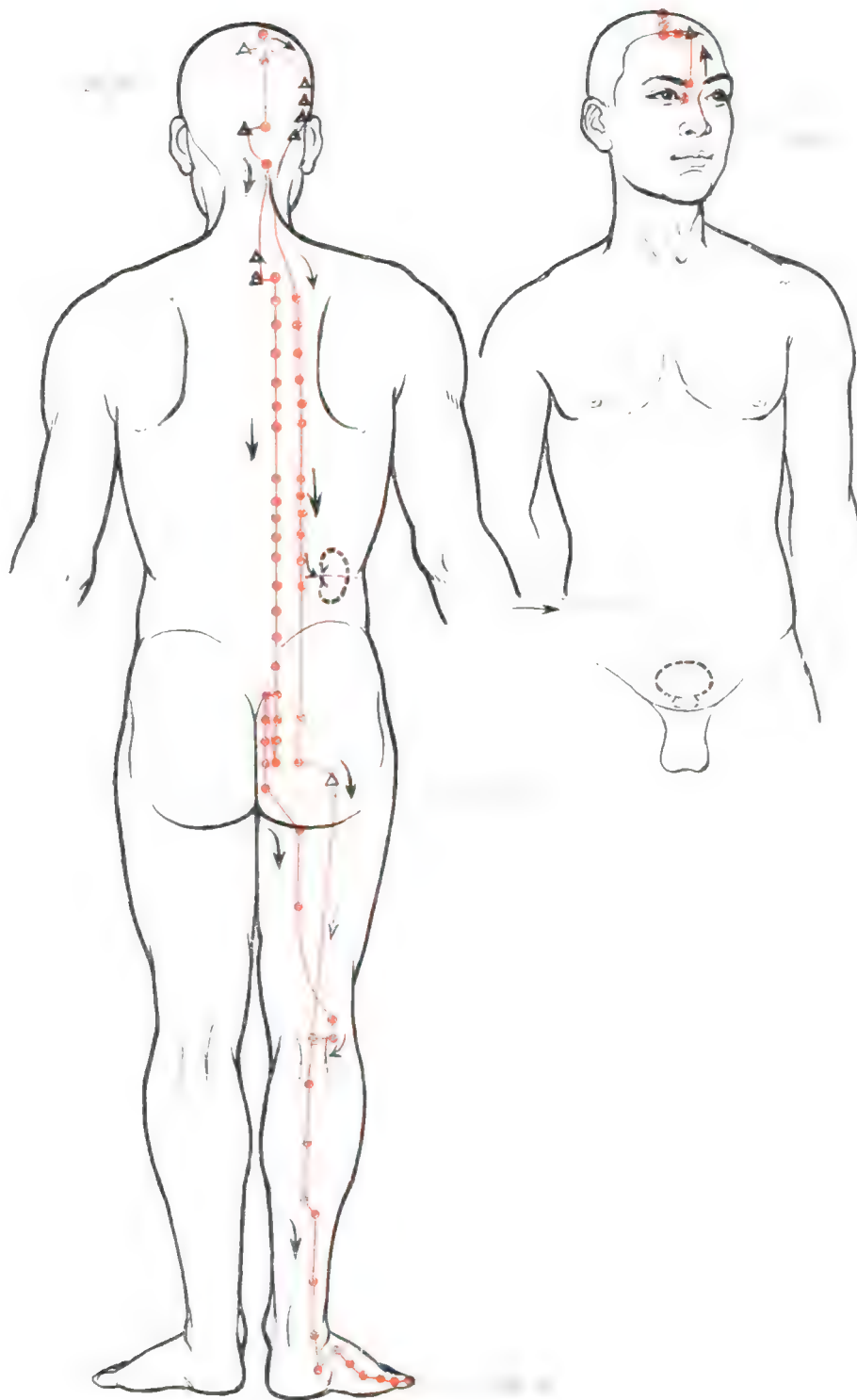


Fig. 14. The Urinary Bladder Channel of Foot-Taiyang

h. The Kidney Channel of Foot-Shaoyin

Course: This channel starts from the inferior aspect of the small toe, running towards the sole (Yongquan, K. 1). Emerging from the inferior aspect of the tuberosity of the navicular bone and running behind the medial malleolus, it enters the heel. Then it ascends along the medial side of the leg to the medial side of the popliteal fossa, advancing further along the medio-posterior aspect of the thigh towards the vertebral column (Changqiang, Du 1) to enter its pertaining organ, the kidney, to communicate with the urinary bladder. Re-emerging from the kidney, running straight upward and passing through the liver and diaphragm it enters the lung, runs along the throat and terminates at the root of the tongue. (See Fig. 15.)

A branch springs from the lung, joins the heart, and flows into the chest to connect with the Pericardium Channel of Hand-Jueyin.

Pathological Symptoms: Hemoptysis, dyspnea, dryness of tongue, sore throat, lumbago, edema, constipation, diarrhea, motor impairment and muscular atrophy of the lower extremities, increase in temperature of the sole of the foot and pain along the course of this channel.

i. The Pericardium Channel of Hand-Jueyin

Course: This channel commences from the chest where it connects with its pertaining organ, the pericardium. Then it descends through the diaphragm into the abdomen, linking with the upper, middle and lower portions of the body cavity (Sanjiao). (See Fig. 16.)

The Chest Branch runs inside the chest, emerges from the costal region at a point 3 cun below the anterior axillary folds (Tianchi, P. 1), and ascends to the axilla. Along the medial aspect of the upper arm it runs downward between the Lung Channel and the Heart Channel to the cubital fossa, then still further downward to the forearm between the tendons of m. palmaris longus and m. flexor carpi radialis to the palm. From there it passes along the middle finger right down to its tip (Zhongchong, P. 9).

The Branch of the Palm originates from Laogong (P. 8), runs along the ring finger to its tip (Guanchong, S.J. 1), and connects with the Sanjiao Channel of Hand-Shaoyang.

Pathological Symptoms: Angina pectoris, fullness of chest, palpitation, irritability and restlessness, mania, spasm and contracture of elbow and arm, elevated temperature of palm, and pain along the course of this channel.

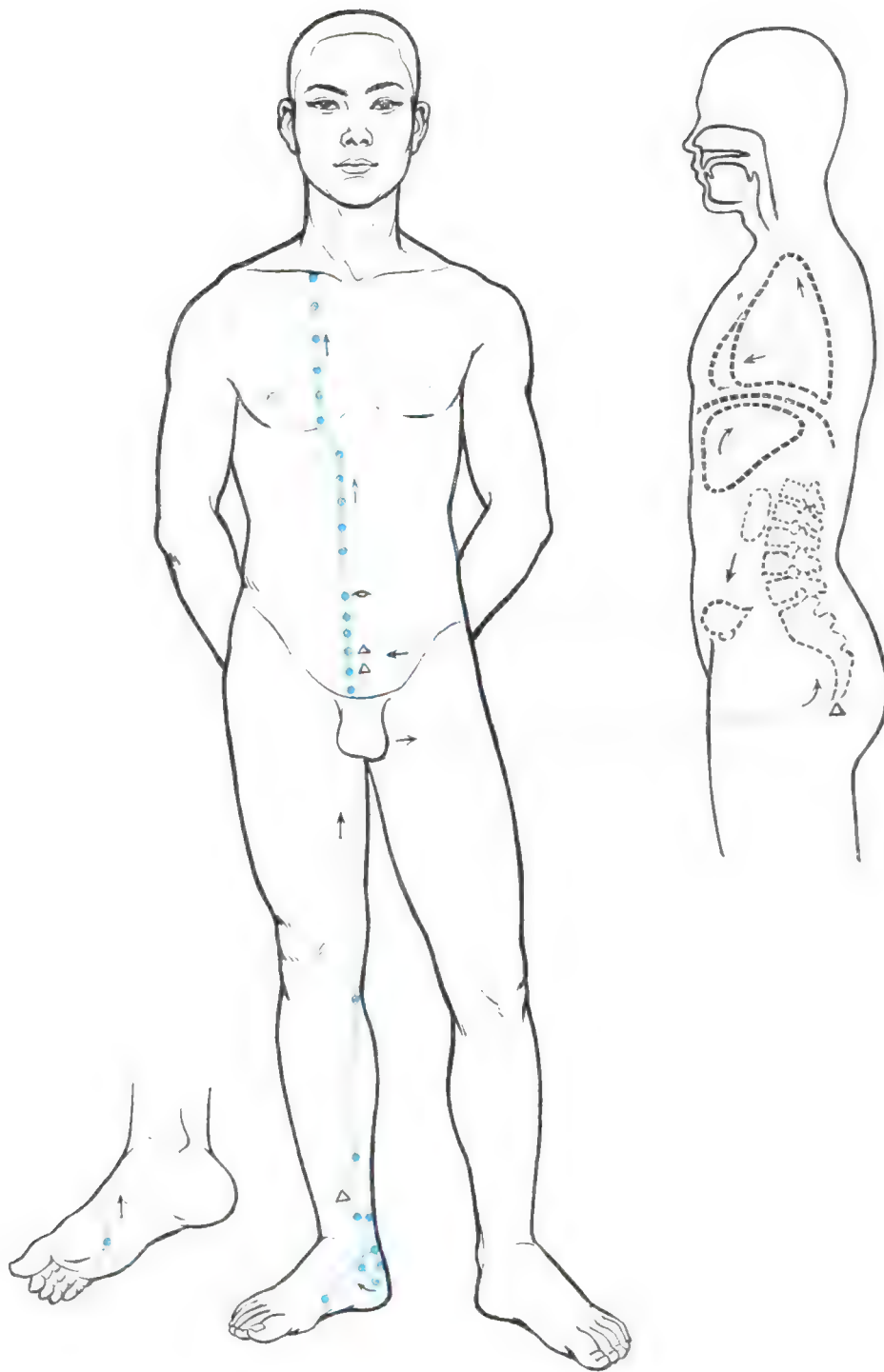


Fig. 15. The Kidney Channel of Foot-Shaoyin

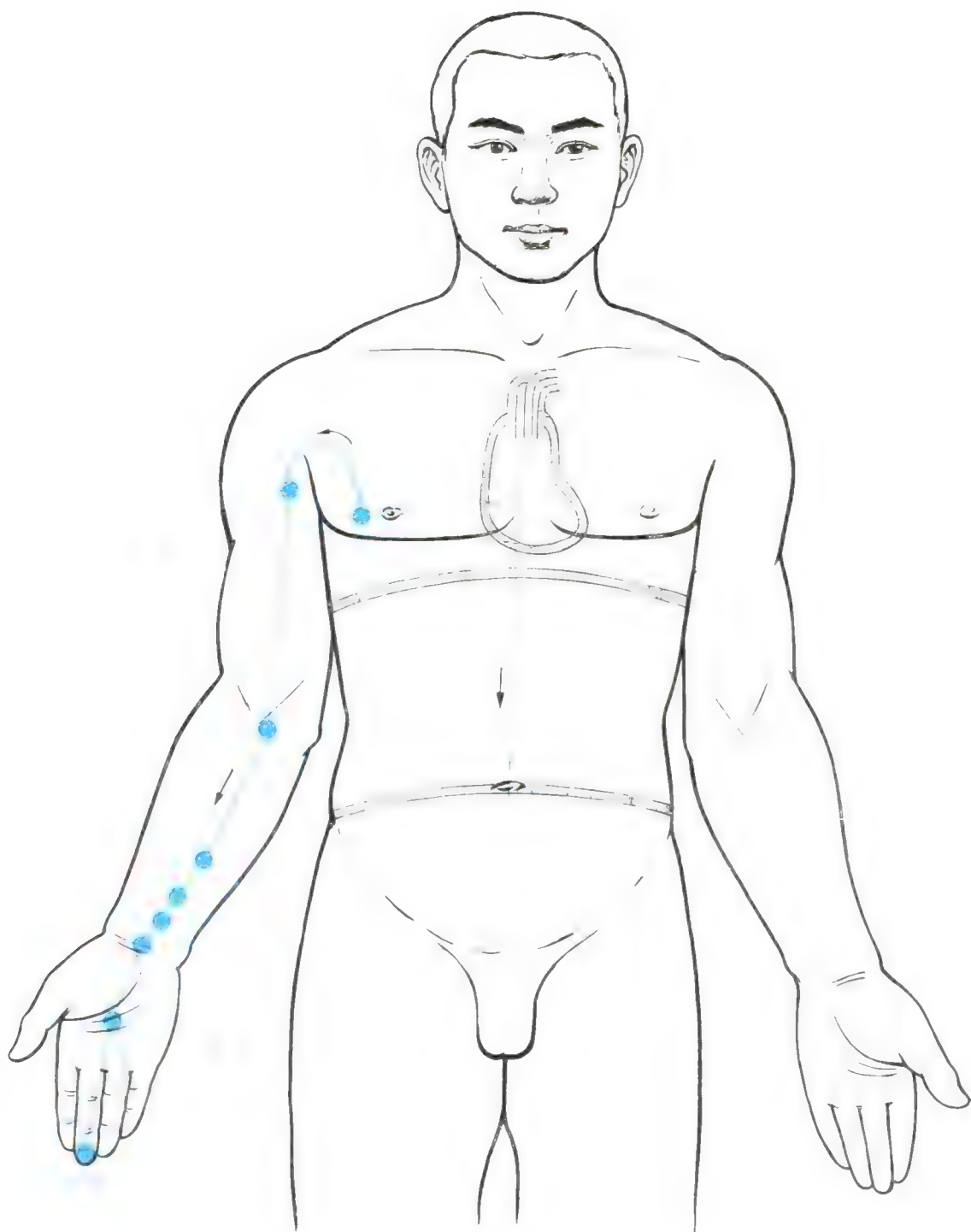


Fig. 16. The Pericardium Channel of Hand-Jueyin

j. The Sanjiao Channel of Hand-Shaoyang

Course: This channel, originating from the ulnar side of the tip of the ring finger at Guanchong (S.J. 1), runs between the 4th and 5th metacarpal bones up the dorsal side of the wrist, then to the dorsal side of the forearm between the radius and ulna, and still further upward, passing the olecranon along the lateral aspect of the upper arm and reaching the shoulder region. Running across and posterior to the Gall Bladder Channel of Foot-Shaoyang, and winding over to the supraclavicular fossa, it branches out in the chest, communicating with the pericardium. Then it descends through the diaphragm, goes directly down to the abdomen and links successively the upper, middle and lower portions of the body cavity. (See Fig. 17.)

The Chest Branch originates in the chest, ascending to the supraclavicular fossa. From there it runs superficially upward to the neck, along the posterior border of the ear, turns downward to the cheek and terminates in the infraorbital region.

The Auricular Branch originates in the retro-auricular region where it enters the ear, then emerges in front of the ear, crosses the above-mentioned branch at the cheek and reaches the outer canthus (Sizhukong, S.J. 23) where it connects with the Gall Bladder Channel of Foot-Shaoyang.

Pathological Symptoms: Abdominal distention, edema, enuresis, dysuresis, deafness, tinnitus, sore throat, swelling of cheek, pain in the retro-auricular region, shoulder, arm and lateral aspect of elbow, etc.

k. The Gall Bladder Channel of Foot-Shaoyang

Course: This channel starts from the outer canthus (Tongziliao, G.B. 1), ascends to the corner of the forehead (Hanyan, G.B. 4), curves downward to the retro-auricular region (Fengchi, G.B. 20) and runs along the side of the neck in front of the Sanjiao Channel to the shoulder. Turning back to the posterior of the Sanjiao Channel, this channel runs downward to the supraclavicular fossa. (See Fig. 18.)

The Retro-auricular Branch originates in the retro-auricular region, enters the ear and, after emerging, passes from the pre-auricular region to the posterior aspect of the outer canthus.

The Outer Canthus Branch arises from the outer canthus, runs downward to Daying (St. 5) and meets the Sanjiao Channel of Hand-Shaoyang in the infraorbital region; then it descends and passes through Jiache

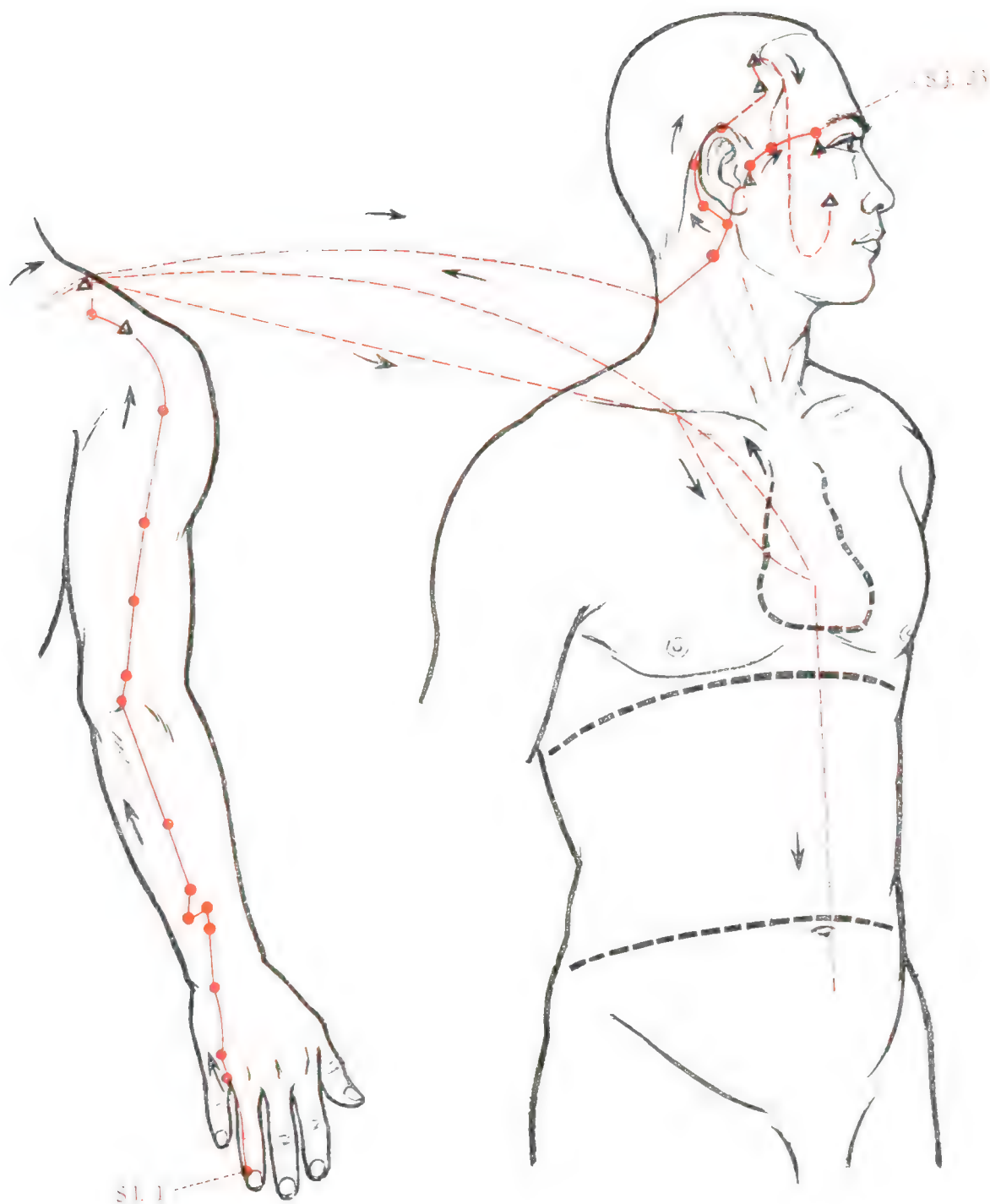


Fig. 17. The Sanjiao Channel of Hand-Shaoyang

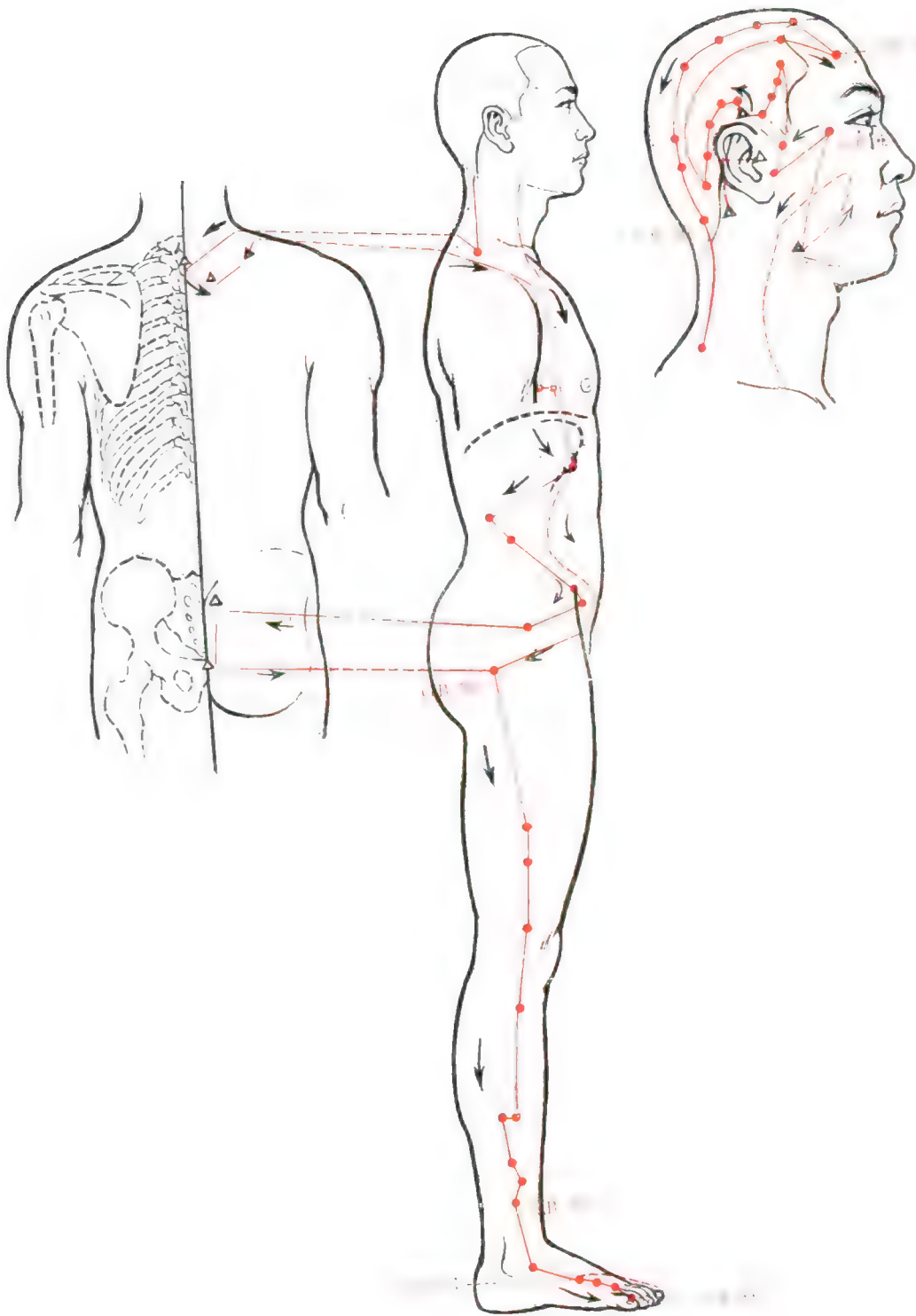


Fig. 18. The Gall Bladder Channel of Foot-Shaoyang

(St. 6) to the neck, enters the supraclavicular fossa and joins the original channel, further descending into the chest, passing through the diaphragm and communicating with the liver to enter its pertaining organ, the gall bladder. Running inside the hypochondriac region it emerges on the side of the lower abdomen near the femoral artery at the inguinal region. Running superficially along the margin of the pubic region, it winds into the hip region (Huantiao, G.B. 30).

The original channel runs straight downward from the supraclavicular fossa, passes in front of the axilla and along the lateral aspect of the chest, passing through the free ends of the floating ribs to the hip region, where it meets the above-mentioned branch. Then it descends along the lateral aspect of the thigh to the lateral side of the knee, from where it continues downward, passes through the anterior aspect of the fibula directly to its lower end (Xuanzhong, G.B. 39), then runs further downward and anteriorly to the external malleolus, along the dorsum of the foot, terminating at the lateral side of the tip of the 4th toe (Foot-Qiaoyin, G.B. 44).

The Branch of the Dorsum of the Foot arises from Pt. Foot-Linqi (G.B. 41), and runs between the 1st and 2nd metatarsal bones to the distal portion of the great toe (Dadun, Liv. 1) where it communicates with the Liver Channel of Foot-Jueyin. (See Fig. 18.)

Pathological Symptoms: Bitter taste in mouth, dizziness, malaria, headache, pain in the submaxillary region, pain in the outer canthus, deafness, tinnitus and pain along the course of this channel.

1. The Liver Channel of Foot-Jueyin

Course: This channel starts from the dorsal region of the great toe (Dadun, Liv. 1), passes the dorsum of the foot and reaches Zhongfeng (Liv. 4) one cun in front of the medial malleolus. From there it ascends 8 cun above the medial malleolus, crosses the Spleen Channel of Foot-Taiyin, further ascending along the medial side of the knee and thigh to the pubic region where it curves around the external genitalia to the lower abdomen. From there the channel runs upward, encircles the stomach and enters its pertaining organ, the liver, to communicate with the gall bladder. Further upward it passes through the diaphragm, the costal and hypochondriac region, ascends along the posterior aspect of the throat to the nasopharynx and connects with the eye, then emerges at the forehead, meeting the Du Channel at the vertex. (See Fig. 19.)

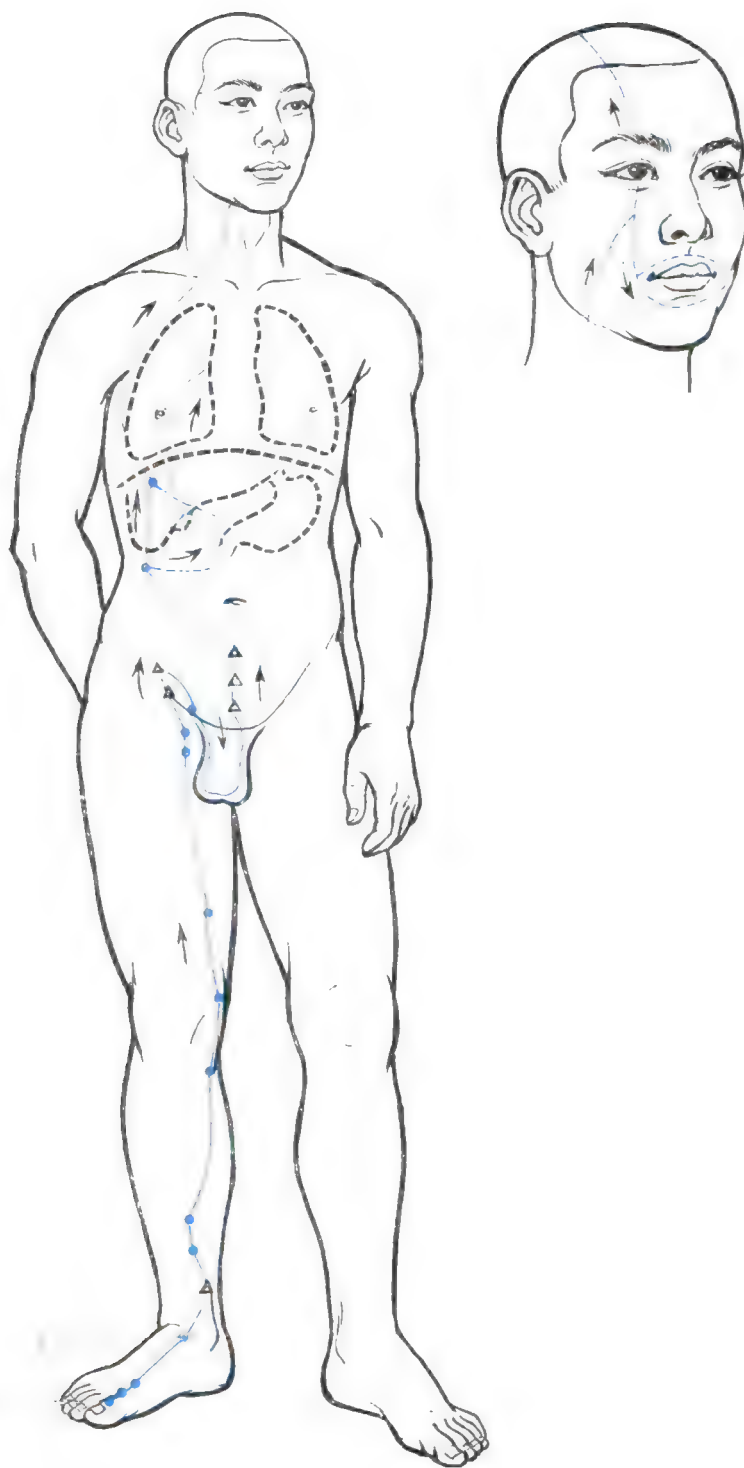


Fig. 19. The Liver Channel of Foot-Jueyin

The Eye Branch originates in the eye, runs downward into the cheek and curves around the inner surface of the lips.

The Liver Branch arises in the liver, passes through the diaphragm to the lung, and connects with the Lung Channel of Hand-Taiyin. (See Fig. 19.)

Pathological Symptoms: Lumbago, fullness of chest, vomiting, enuresis, retention of urine, hernia, pain in the lower abdomen.

From the routes of the channels and their commencing and terminating points as described above, the following rules can be made concerning the circulation of the Channels of Yin or Yang, Hand or Foot.

a. The Direction of Circulation and the Connection Between Channels:

It is considered that the direction of the circulation of the channels and their connection depend on the direction of the qi and blood flowing inside the channels.

The Three Yin Channels of Hand start from the chest and flow to the hand where they meet with the Three Yang Channels of Hand.

The Three Yang Channels of Hand start from the hand, ascend to the head where they meet with the Three Yang Channels of Foot.

The Three Yang Channels of Foot start from the head, run towards the foot and there meet with the Three Yin Channels of Foot.

The Three Yin Channels of Foot start from the foot, ascend to the chest and meet the Three Yin Channels of Hand.

b. The Exterior-Interior Relationship of the Channels:

Each of the Twelve Channels, either yin or yang, hand or foot, interiorly pertains to one of the viscera. Those that pertain to the zang organs (heart, lung, spleen, kidney, liver and pericardium) are called the Yin Channels, and those that pertain to the fu organs (large and small intestines, stomach, gall and urinary bladders, and Sanjiao) are called the Yang Channels. Each of the Yin Channels couples with a Yang Channel. The Yin Channels run along the medial aspect of the extremity, while their respective coupling Yang Channels run along the lateral aspect, being opposite to each other. Such relationship of the channels is known as the exterior-interior relationship. The coupled channels may be connected with one another at the hand or foot. In circulation, the Yin Channels flow into the zang organs and communicate with the fu organs respectively, while the Yang Channels flow into the fu organs and communicate with the zang organs respectively, and so six pairs of interior-exterior related channels are formed. Such inter-relation ex-

plains how the channels communicate with each other and how they affect each other whenever physiological and pathological changes occur in any of the channels.

2. The Eight Extra Channels:

The Eight Extra Channels are the Du, Ren, Chong, Dai, Yinwei, Yangwei, Yinchiao and Yangchiao Channels. They are different from the Twelve Channels as they do not pertain to any of the internal organs. This is the reason for calling the Twelve Channels the Regular Channels and the Eight Channels the Extra Channels.

a. *Du Mai (the Back Midline Channel)*

Course: This channel starts in the pelvic cavity, descends and emerges at the perineum, passing through the tip of the coccyx (Changqiang, Du 1) and ascending along the middle of the spinal column to communicate with the kidney in the lumbar region. Then it ascends to the brain, reaching the vertex, winding in the midline of the forehead to the columella of the nose to descend to the upper lip, terminating at Pt. Yinjiao (Du 28). (See Fig. 20.)

Records say that the Du Channel is the confluence of the Yang Channels. The word du means to govern, and it is thought that the Du Channel has the function of governing all the Yang Channels.

Pathological Symptoms: Febrile diseases, mental disorders, stiffness and pain of the spinal column, opisthotonos, etc.

b. *Ren Mai (the Front Midline Channel)*

Course: This channel starts from the pelvic cavity and emerges at the perineum, then runs anteriorly across the pubic region and ascends along the midline of the abdomen through the chest up to the throat and mandible, curving around the lips and connecting with Pt. Chengjiang (Ren 24). (See Fig. 21.)

Ren means responsibility. Responsible for all the Yin Channels, the Ren Channel is recorded as the confluence of all the Yin Channels.

Pathological Symptoms: Hernia, leukorrhea, cough and dyspnea, diseases of the urogenital system.

c. *Chong Mai (the Vital Channel)*

Course: This channel originates in the pelvic cavity, descends and emerges at the perineum. Ascending inside the vertebral column, the

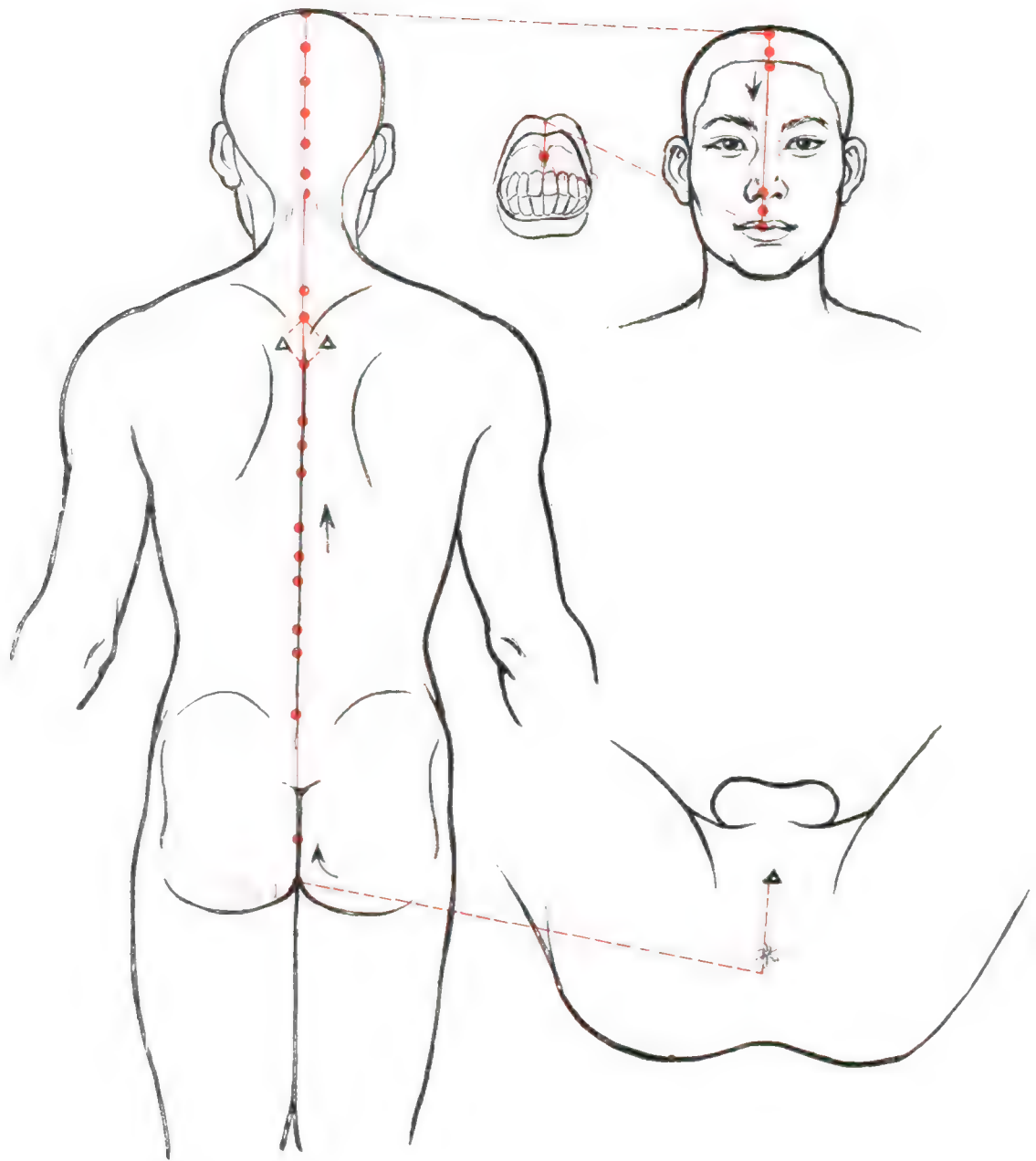


Fig. 20. Du Mai (the Back Midline Channel)

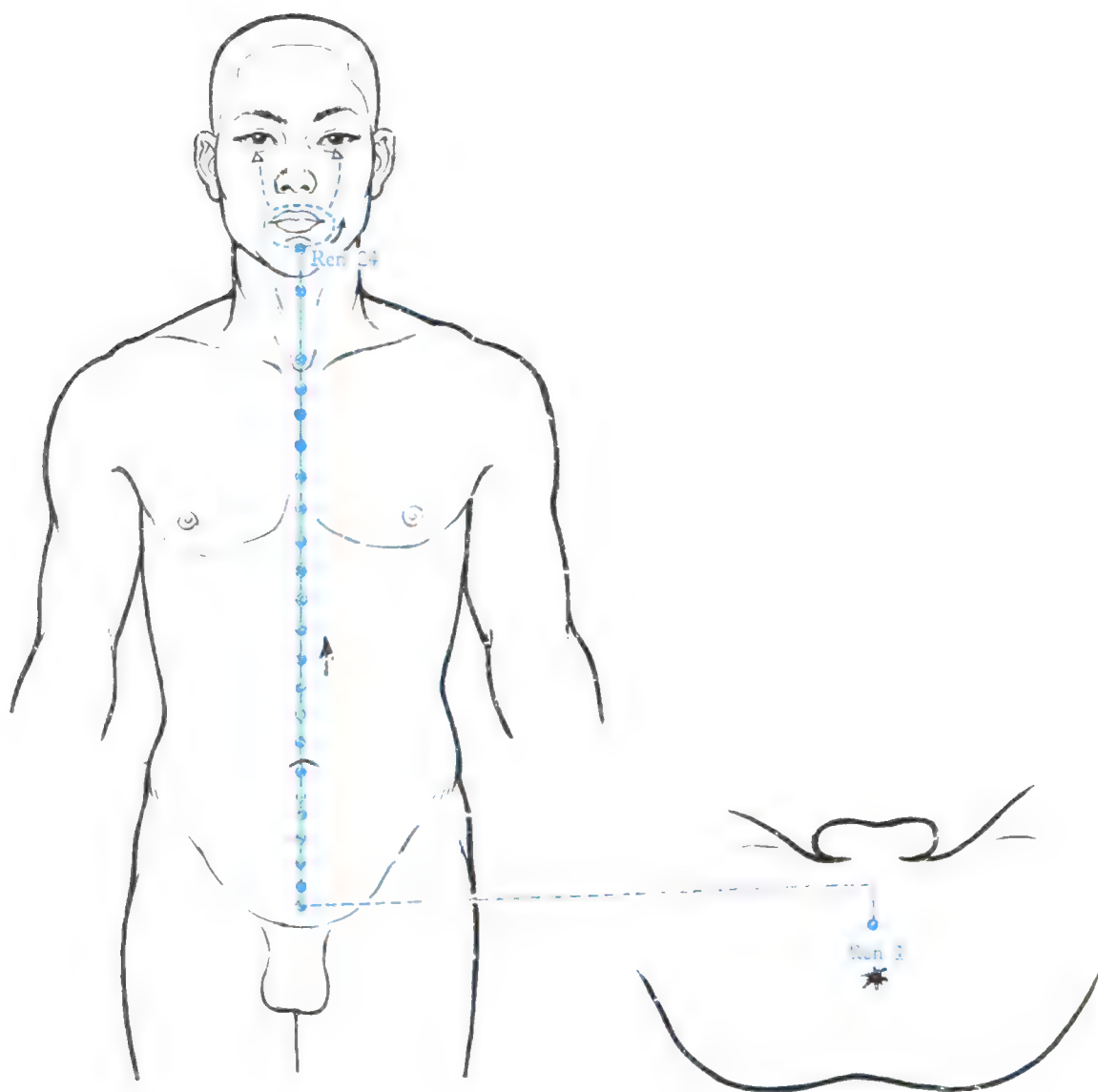


Fig. 21. Ren Mai (the Front Midline Channel)

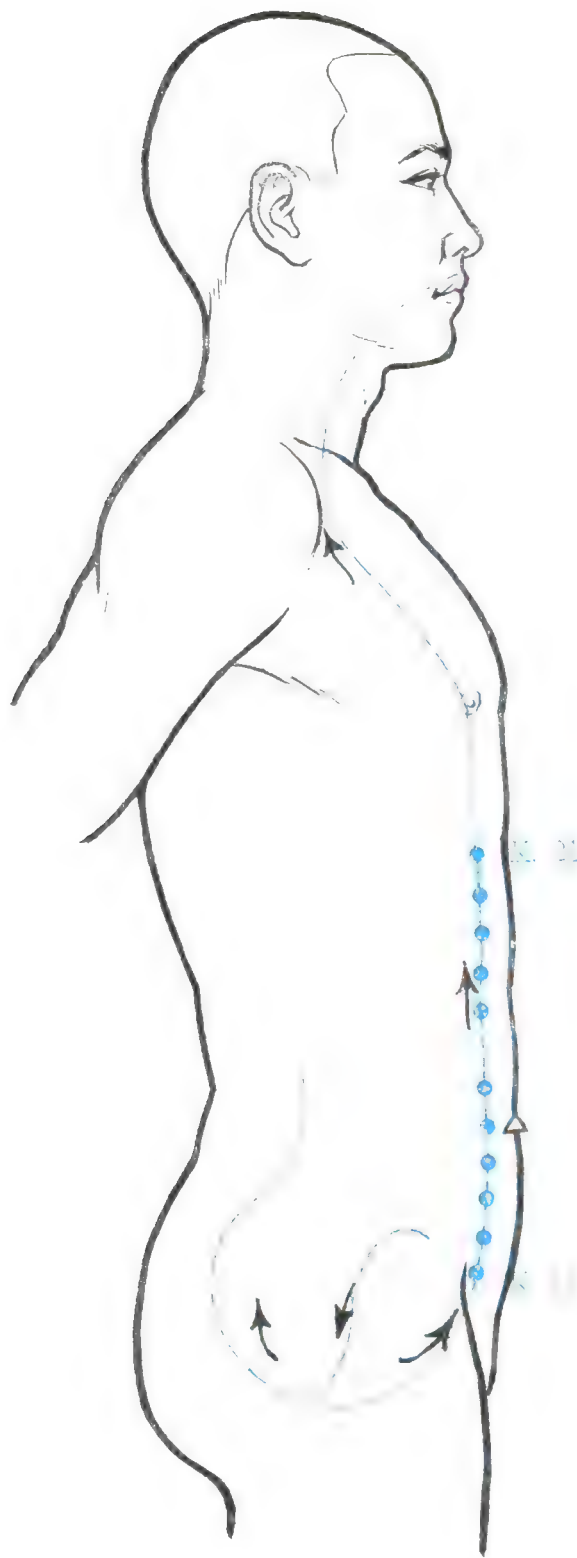


Fig. 22. Chong Mai (the Vital Channel)

superficial branch splits into two and coincides with the Kidney Channel, running along both sides of the abdomen up to the throat and encircling the lips. (See Fig. 22.)

Chong Mai is thought to control the qi and blood of the whole body.

Coalescent Points: Henggu (K. 11), Dahe (K. 12), Qixue (K. 13), Siman (K. 14), Abdomen-Zhongzhu (K. 15), Huangshu (K. 16), Shangqu (K. 17), Shiguan (K. 18), Yindu (K. 19), Abdomen-Tonggu (K. 20), Youmen (K. 21).

Pathological Symptoms: Colic and abdominal pain, gynecological disorders.

d. Dai Mai (the Belt Channel)

Course: This channel starts below the hypochondrium and runs obliquely downward through three points of the Gall Bladder Channel: Daimai (G.B. 26), Wushu (G.B. 27) and Weidao (G.B. 28). Then it runs transversely around the waist like a belt. (See Fig. 23.)

Dai means belt, and this channel is considered as a belt binding up the Yin and the Yang Channels.

Coalescent Points: Daimai (G.B. 26), Wushu (G.B. 27), Weidao (G.B. 28).

Pathological Symptoms: Fullness of abdomen, weakness and motor impairment of the lumbar region, etc.

e. Yangchiao Mai (the Motility Channel of Yang)

Course: This channel starts from the lateral side of the heel (Shenmai, U.B. 62; Pushen, U.B. 61). Ascending along the external malleolus, it passes the posterior border of the fibula. Then it goes onwards along the lateral aspect of the thigh to the posterior aspect of the hypochondriac region, from where it winds over the shoulder, passes through the posterior axillary fold, and ascends along the neck to the corner of the mouth, then enters into the inner canthus (Jingming, U.B. 1) to communicate with the Yinchiao Channel. Then it runs further upward along the Urinary Bladder Channel of Foot-Taiyang to the forehead and meets the Gall Bladder Channel of Foot-Shaoyang at Fengchi (G.B. 20). (See Fig. 24.)

Coalescent Points: Shenmai (U.B. 62), Pushen (U.B. 61), Fuyang (U.B. 59), Femur-Juliao (G.B. 29), Naoshu (S.I. 10), Jianyu (L.I. 15), Jugu (L.I. 16), Dicang (St. 4), Juliao (St. 3), Chengqi (St. 1), Jingming (U.B. 1), Fengchi (G.B. 20).

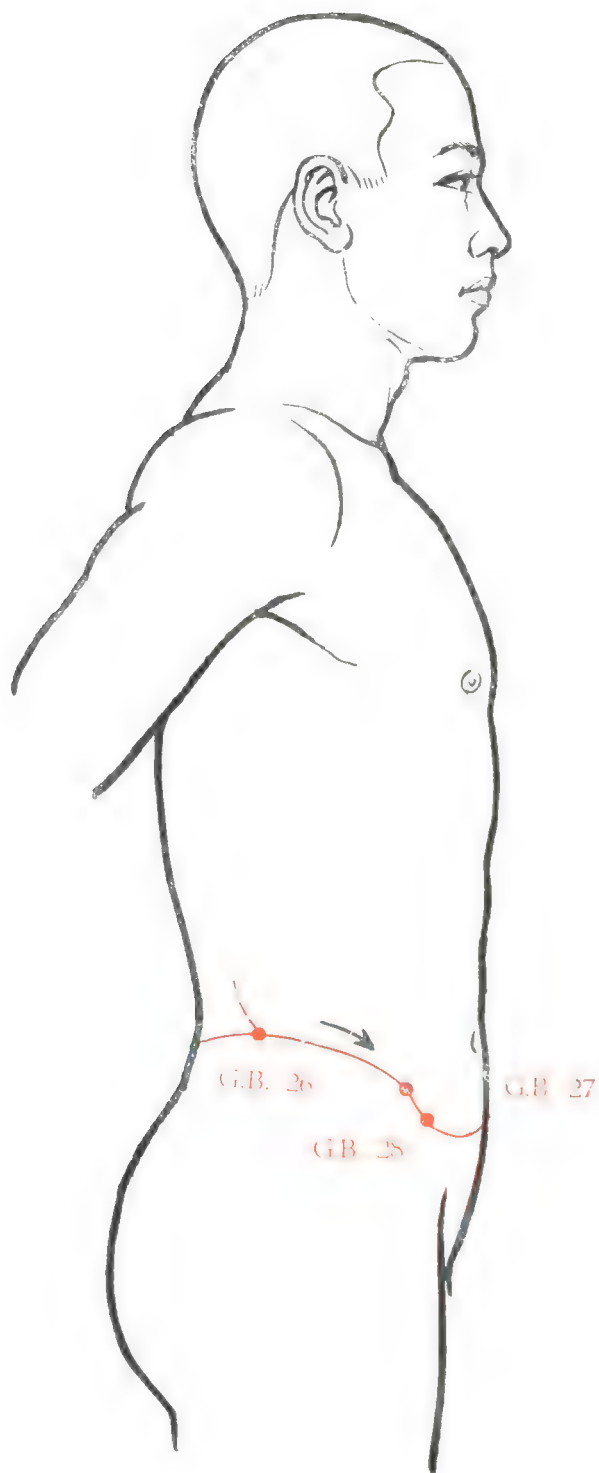


Fig. 23. Dai Mai (the Belt Channel)

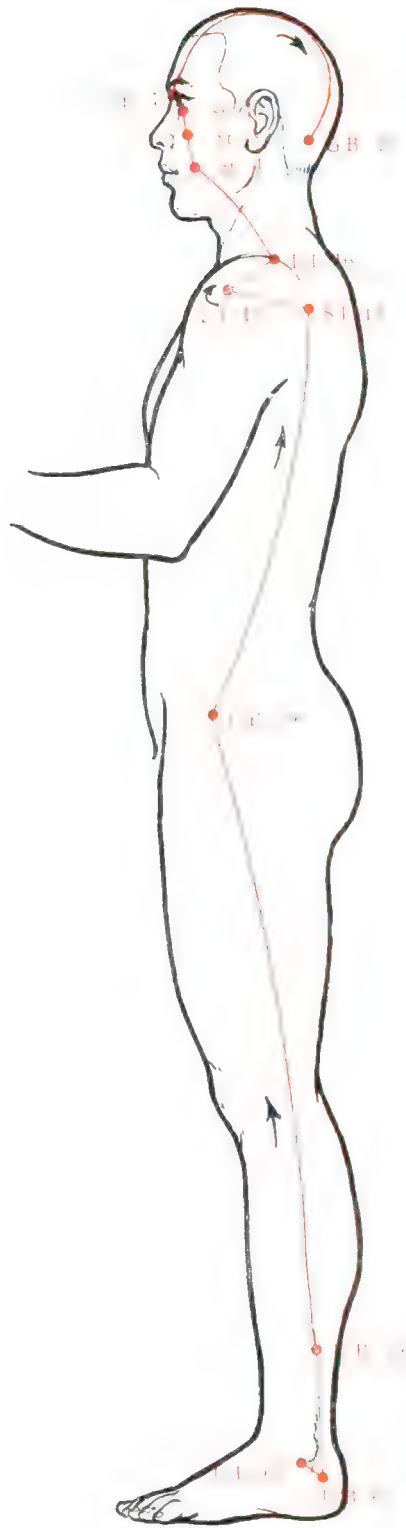


Fig. 24. Yangchiao Mai (the Motility Channel of Yang)

Pathological Symptoms: Insomnia, motor impairment, numbness or muscular atrophy of lower extremities.

f. *Yinchiao Mai (the Motility Channel of Yin)*

Course: This channel originates from the posterior aspect of the navicular bone (Zhaohai, K. 6), ascends to the upper portion of the medial malleolus (Jiaoxin, K. 8), then straight upward along the medio-posterior aspect of the thigh to the external genitalia. From there it ascends further along the chest into the supraclavicular fossa, then further upward to the thyroid cartilage, following along the zygomatic region to the inner canthus (Jingming, U.B. 1) and communicating with the Yangchiao Channel. (See Fig. 25.)

Coalescent Points: Zhaohai (K. 6), Jiaoxin (K. 8), Jingming (U.B. 1).

Pathological Symptoms: Hypersomnia, motor impairment, numbness or muscular atrophy of lower extremities.

g. *Yangwei Mai (the Regulating Channel of Yang)*

Course: This channel starts at the heel (Jinmen, U.B. 63) and, ascending to the external malleolus, runs upward along the course of the Gall Bladder Channel, passing through the hip and further upward along the posterior aspect of the hypochondriac and costal regions and the posterior axillary fold to the shoulder. From there it goes to the forehead, then turns backward to the nape of the neck and communicates with the Du Channel (Fengfu, Du 16; Yamen, Du 15). (See Fig. 26.)

Coalescent Points: Jinmen (U.B. 63), Yangjiao (G.B. 35), Naoshu (S.I. 10), Tianliao (S.J. 15), Jianjing (G.B. 21), Touwei (St. 8), Benshen (G.B. 13), Yangbai (G.B. 14), Head-Linqi (G.B. 15), Muchuang (G.B. 16), Zhengying (G.B. 17), Chengling (G.B. 18), Naokong (G.B. 19), Fengchi (G.B. 20), Fengfu (Du 16), Yamen (Du 15).

Pathological Symptoms: Chills and fever.

h. *Yinwei Mai (the Regulating Channel of Yin)*

Course: This channel originates in the medial aspect of the leg (Zhubin, K. 9), ascends along the medial aspect of the thigh and reaches the abdomen, communicating with the Spleen Channel of Foot-Taiyin. From there it runs further along the chest to the neck, where it communicates with the Ren Channel (Tiantu, Ren 22; Lianquan, Ren 23). (See Fig. 27.)



Fig. 25. Yinchiao Mai (the Motility Channel of Yin)



Fig. 26. Yangwei Mai (the Regulating Channel of Yang)



Fig. 27. Yinwei Mai (the Regulating Channel of Yin)

Coalescent Points: Zhubin (K. 9), Fushe (Sp. 13), Daheng (Sp. 15), Fuai (Sp. 16), Qimen (Liv. 14), Tiantu (Ren 22), Lianquan (Ren 23).

Pathological Symptoms: Pain in the epigastric and cardiac region.

The Du and the Ren Channels are always associated with the Twelve Channels, forming the "Fourteen Channels." The reason is that they are the only ones among the Eight Extra Channels that, besides connecting with the regular channels, possess their own circulatory routes and points which are grouped with the regular points of the Twelve Channels. The other six Extra Channels do not have their separate points but share points of those channels with which their course of circulation coincides.

(3) THE PATHOLOGY OF THE CHANNELS

As mentioned above, the channels communicate with the internal organs interiorly, and with the extremities and joints exteriorly, performing the physiological function of circulating qi and blood and connecting the superficial and interior portions of the human body, thus protecting it from attacks by etiological factors. For example, when the human body is attacked by exogenous factors,* or other circumstances cause an imbalance of blood and qi, corresponding pathological changes will naturally occur in the channels and their pertaining organs. Generally speaking, exogenous diseases are always carried to the internal portion of the body from the external, and it is the channels that are first attacked by the exogenous factors. On the other hand, diseases caused by endogenous factors** usually first occur in the internal organs and finally in the channels. Therefore, it is plain that pathology of the channels means derangement of the function of the channels and their effect on the viscera, and the effect of the pathological changes of the internal organs on the channels.

1. The Pathology of the Twelve Channels:

a. The Relationship Between the Courses of the Channels and Pathological Changes: As each of the Twelve Channels follows its individual

* "Exogenous factors" denote wind, cold, heat, humidity (damp), dryness and fire. Diseases caused by these phenomena of nature are called exogenous diseases.

** "Endogenous factors" denote emotional factors such as joy, anger, melancholy, obsession, sorrow, horror, surprise and shock. Diseases caused by these factors are called endogenous diseases.

course, any functional derangement of a channel will reflect at the place where the channel passes. For instance, derangement of the function of the Stomach Channel or the Large Intestine Channel may cause toothache, because both of these channels pass through the gum. Upper toothache relates to the Stomach Channel, as the Stomach Channel passes through the upper gum, while lower toothache relates to the Large Intestine Channel, as the latter passes through the lower gum. Other examples are pain in the medial aspect of the upper extremities, which is related to pathological changes of the Three Yin Channels of Hand; pain in the lateral aspect of the upper extremities, which is related to the pathological changes of the Three Yang Channels of Hand. Pain along the postero-lateral aspect of the upper extremities is related to diseases of the Small Intestine Channel; pain along the postero-medial aspect of the upper extremities is related to diseases of the Heart Channel, etc. In a word, symptoms manifested in a certain part of the body reflect disease along a certain channel.

b. *The Relationship Between the Internal Organs and Diseases:* Each channel pertains to an internal organ. Thus, if disease occurs in one channel there may be local symptoms of pain and swelling along the route of the channel, or it may affect its pertaining organ, symptoms of that organ being manifested. For instance, if there is obstruction of qi or blood in the Heart Channel, there may be pain or aching along the medeo-posterior aspect of the upper extremities, or there may be a gripping feeling in the antero-cardiac region, pain and other cardiac symptoms. At the same time, diseases of the viscera may also affect the channels, and tender spots may occur along the route of that corresponding channel. For instance, tenderness may occur in Pt. Lanwei (Extra 33) in acute appendicitis, or in Zhongfu (Lu. 1) if the lung is attacked.

Moreover, some channels not only communicate with their respective pertaining organs and link with their respective related organs, but also connect directly with other internal organs. When the pertaining organ of a certain channel is attacked, it is very possible that another internal organ is affected, and symptoms of that organ may appear. For example, the Spleen Channel not only pertains to the spleen and communicates with the stomach, but there are branches to the heart; so if diarrhea occurs due to pathological changes in the spleen, it may affect the Spleen Channel and also the heart in case of dehydration, and the symptoms of palpitation, irritability and restlessness may occur.

2. The Pathology of the Eight Extra Channels:

The Eight Extra Channels interlacing with the Twelve Channels play the role of regulating the qi and blood of the Twelve Channels. Pathology of the Eight Extra Channels, therefore, affects the whole body.

The Du Channel is the confluence of all the Yang Channels, the Ren Channel is the confluence of all the Yin Channels, and Chong Mai (the vital channel) is known as the Sea of Blood. It is also known that these three channels all originate in the lower abdomen; thus there is close relationship in the physiology and pathology among these three channels. Symptoms are mainly those of the central nervous and urogenital systems.

Dai Channel girdles the waist, binding all the channels. Its pathological changes are mostly related to gynecological and urogenital disorders.

The Yinchiao and Yangchiao Channels (the Motility Channels of Yin and Yang) are related to the lower extremities, symptoms being motor impairment of the lower extremities. There may be also insomnia and hypersomnia, i.e., an excess of yang may cause the former and an excess of yin may cause the latter. Moreover, there may be pathological symptoms of the Kidney Channel and the Urinary Bladder Channel, as they coincide with these two channels in their routes of circulation.

Disorders of the Yinwei Channel (the Regulating Channel of Yin) are mainly manifested in diseases of the yin syndrome, and disorders of the Yangwei Channel (the Regulating Channel of Yang) generally appear in diseases of the yang syndrome.

B. AN INTRODUCTION TO POINTS

(1) THE CLASSIFICATION OF POINTS AND THEIR FUNCTION

Points are spots on the body surface through which the vital function of the viscera and channels are transferred to the superficial parts of the body. They communicate with the viscera, sense organs and tissues through the channels. By applying acupuncture or moxibustion at these points, the channels may perform their function in evoking the intrinsic body resistance by regulating the vital energy of the viscera, the circulation of qi and blood, and so cure disease.

The points of the Fourteen Channels are known as the Regular Points and include most of the points on the body surface. With the exception

of the Ren and Du Channels, all the points of the Fourteen Channels are in pairs symmetrically distributed in the left and right side of the body and follow the courses of the channels. The points of the Ren and Du Channels are located in single lines in the midline of the body, one back and one front. The total number of points of the Fourteen Channels is 361.

Those points that are not listed in the Fourteen Channels are called the Extraordinary Points.

In some diseases there may occur tenderness or sensitive spots locally. Those spots are called the Ah Shi Points, as they also serve as stimulating points for acupuncture and moxibustion.

(2) THE THERAPEUTIC PROPERTIES OF THE POINTS

The therapeutic properties of the points of the Fourteen Channels are based on the channels to which they are respectively related. Points of the same channel have properties in common. For instance, stimulation of points of the Lung Channel of Hand-Taiyin is effective in pulmonary and throat diseases, and stimulation of points of the Stomach Channel of Foot-Yangming is generally effective in diseases of the digestive tract, head and face.

According to their therapeutic properties, the points of each individual channel can be divided into two groups. Stimulating one of the groups treats diseases of the local and neighbouring areas, while stimulating the other treats diseases of the local, adjacent and remote areas. Most points on the head, face and trunk belong to the former category (Fig. 28a-c). Points below the elbow and knee are related to the latter. For instance, Pt. Yingxiang (L.I. 20) of the face is chiefly used for treating diseases of the face and nose, while Pt. Hegu (L.I. 4) on the hand relates to diseases of the hand and arm as well as of the head and face and areas supplied by this channel. Stimulating Tianshu (St. 25), a point on the abdomen of the Stomach Channel, may relieve abdominal pain and diarrhea, etc., while Zusanli (St. 36) of the leg relates to diseases of the lower extremities as well as those of the head, face, chest, abdomen and areas supplied by this channel.

Several channels cross each other at one point, the so-called Crossing Point resulting in common therapeutic properties between different channels. For example, the Three Yin Channels of Foot cross in the lower abdomen at Pt. Zhongji (Ren 3) and Guanyuan (Ren 4); consequently the points below the knee of the Three Yin Channels can all be used in treating pelvic disorders.

The therapeutic properties of the points on the extremities, especially those below the elbow and knee, can be classified into different groups according to the distribution of the channels, or the areas supplied by the channels, i.e., areas of the medial or lateral aspects of the extremities. For example, the points of the Three Yin Channels of Hand (the Lung, the Pericardium and the Heart Channels) below the elbow supply the medial aspect of the forearm and the palmar aspect of the hand can be used in treating diseases of the upper extremities and also of the chest, lung, throat, heart and stomach. Other examples are the points of the Three Yang Channels of Hand (the Large Intestine, the Sanjiao and the Small Intestine Channels which supply the lateral aspect of the upper extremities) which are used to treat diseases of the upper extremities and are also indicated in diseases of the head, face, eyes, throat, etc. For details, see the following table and Fig. 28a-f.

Pts. of 3 Yin Channels of Hand (Medial Aspect)	Lung	Diseases of chest, lungs, throat and upper extremities	Febrile diseases
	Pericardium	Diseases of chest, heart, stomach and upper extremities	Disturbed sensorium
	Heart	Diseases of chest, heart and upper extremities	Disturbed sensorium
Pts. of 3 Yang Channels of Hand (Lateral Aspect)	Large Intestine	Diseases of head, face, eyes, nose, mouth, teeth, throat and upper extremities	Febrile diseases
	Sanjiao	Lateral side of head, eyes, ears, throat and upper extremities	Febrile and mental disorders
	Small Intestine	Diseases of head, neck, eyes, ears, throat and upper extremities	Febrile and mental disorders

Pts. of 3 Yin Channels of Foot (Medial Aspect)	Spleen	Diseases of abdomen, urogenital system, stomach, intestines and lower extremities	Diseases of the cold syndrome
	Liver	Diseases of abdomen, urogenital system and lower extremities	Mental disorders
	Kidney	Lung, throat, abdominal, urogenital, intestinal diseases and diseases in lower extremities	Febrile diseases
Pts. of 3 Yang Channels of Foot (Lateral Aspect)	Stomach	Diseases of head, face, mouth, teeth, throat, stomach, intestines and lower extremities	Febrile diseases, disturbed sensorium
	Gall Bladder	Diseases of lateral aspect of head, eyes, ears, costal and hypochondriac region, and lower extremities	Febrile diseases
	Urinary Bladder	Diseases of head, neck, eyes, back, lower extremities and gluteal region	Febrile diseases, mental disorders
Pts. of chest, abdomen, dorso- lumbar region	Level of D. 1- D. 7	Diseases of chest, back, lungs and heart	Febrile diseases, mental disorders
	D. 8 - L. 2	Upper abdomen, back, liver, gall bladder, spleen and stomach diseases	
	L. 3 - S. 4	Diseases of lower abdomen, back, urogenital system and intestines. Tonification	

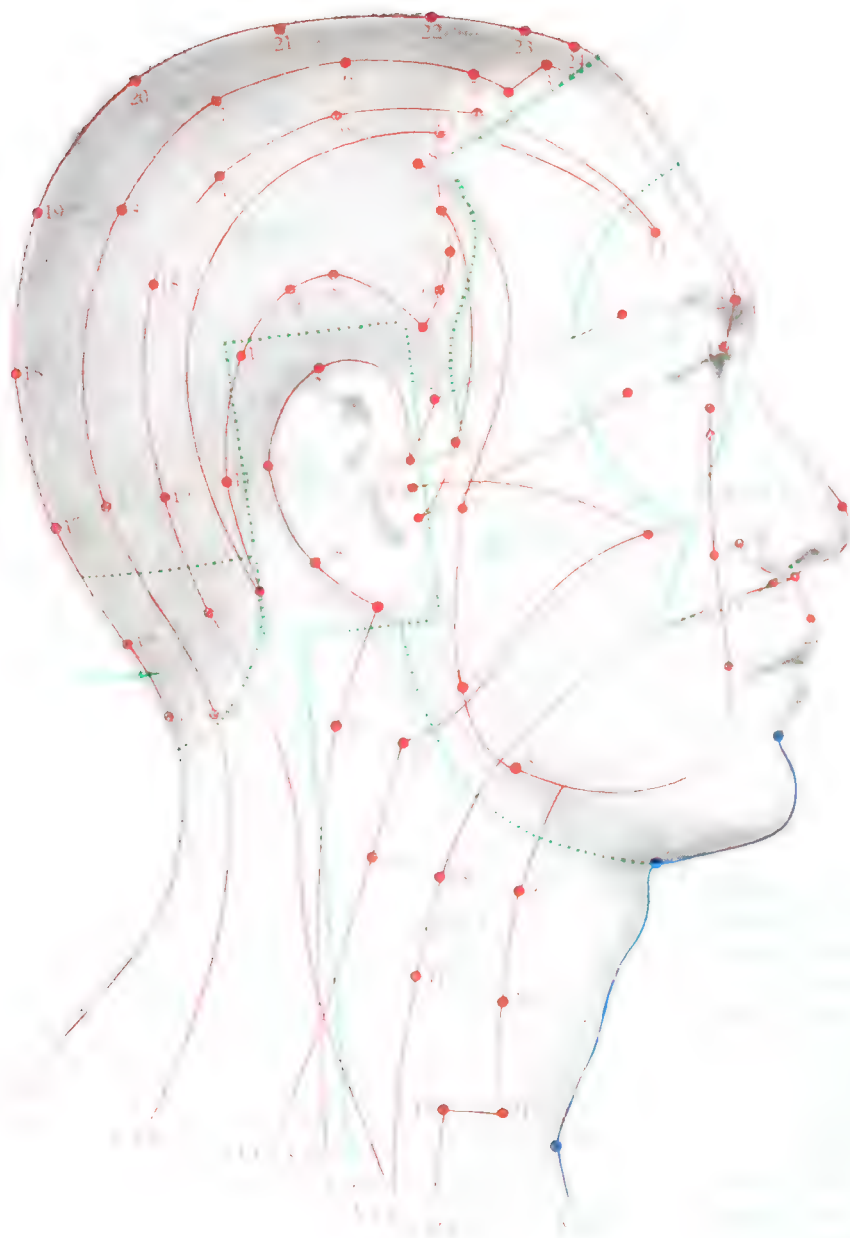


Fig. 28a. Therapeutic Properties of the Points of the Head and the Neck

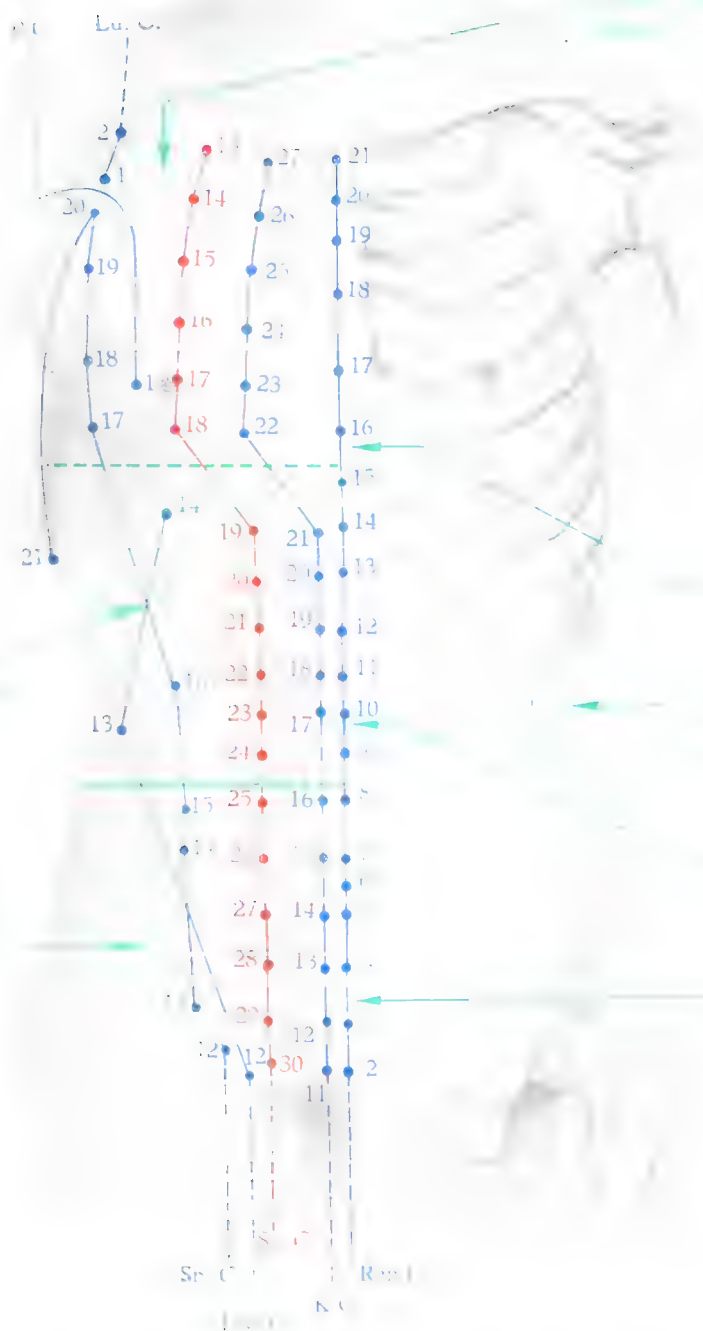


Fig. 28b. Therapeutic Properties of the Points of the Chest and the Abdominal Regions

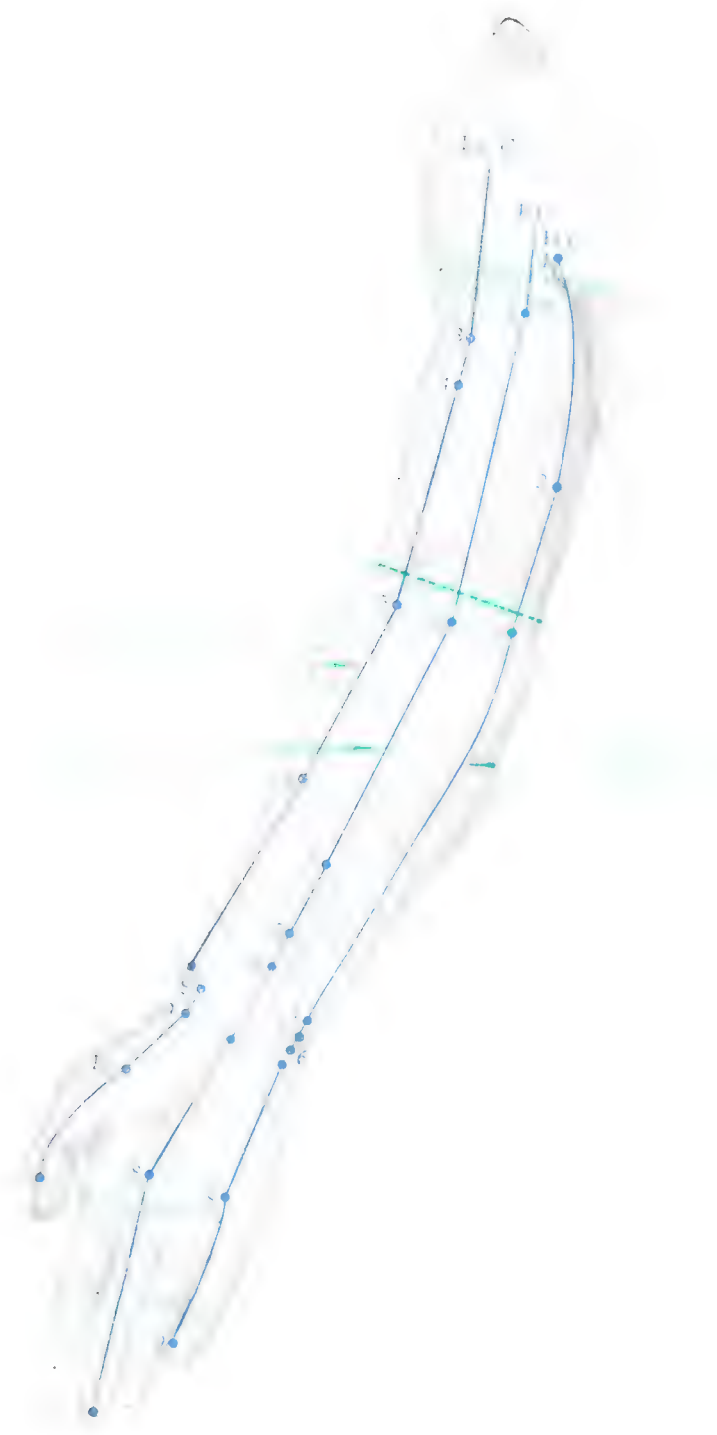


Fig. 28d-1. Therapeutic Properties of the Points of the Upper Extremities

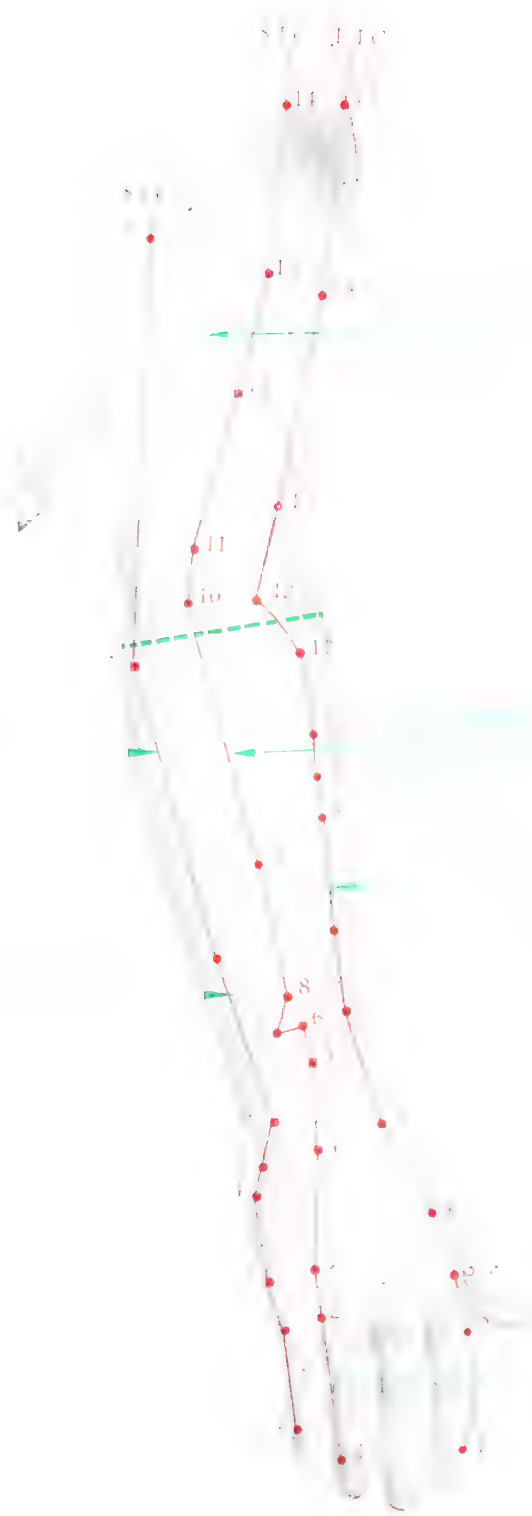


Fig. 28d-2. Therapeutic Properties of the Points of the Upper Extremities

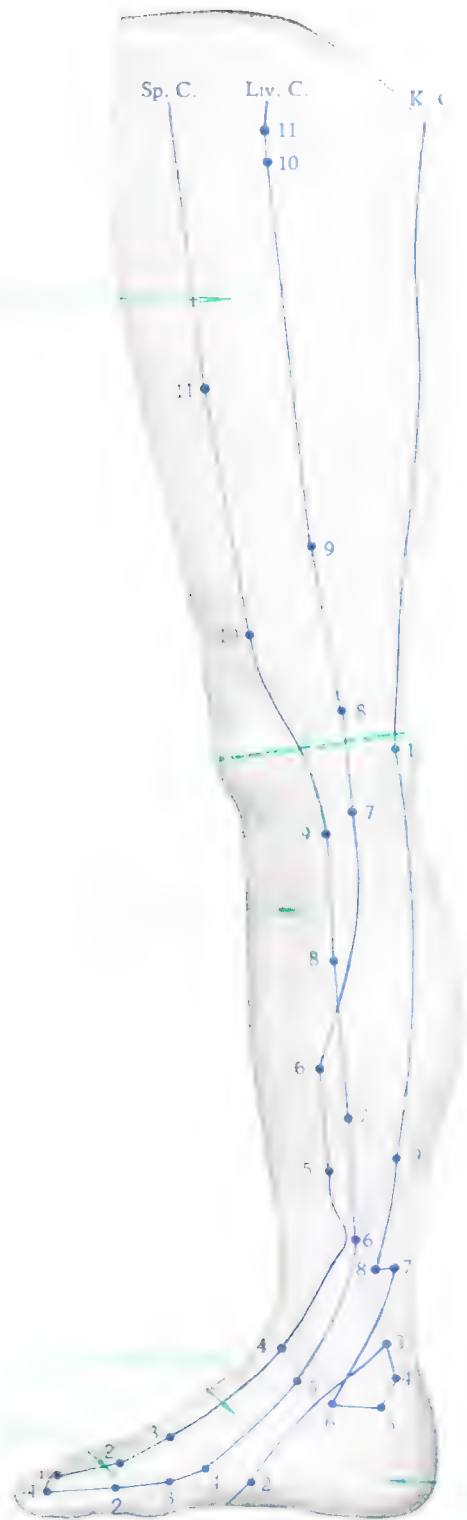


Fig. 28e-1. Therapeutic Properties of the Points of the Lower Extremities

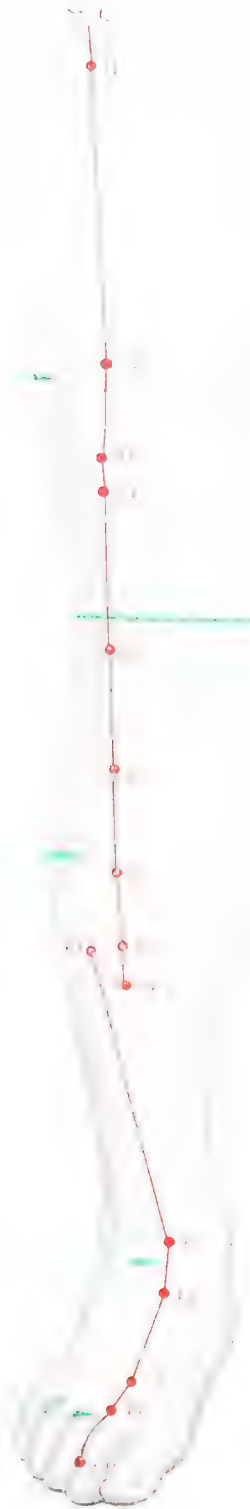


Fig. 28e-2. Therapeutic Properties of the Points of the Lower Extremities

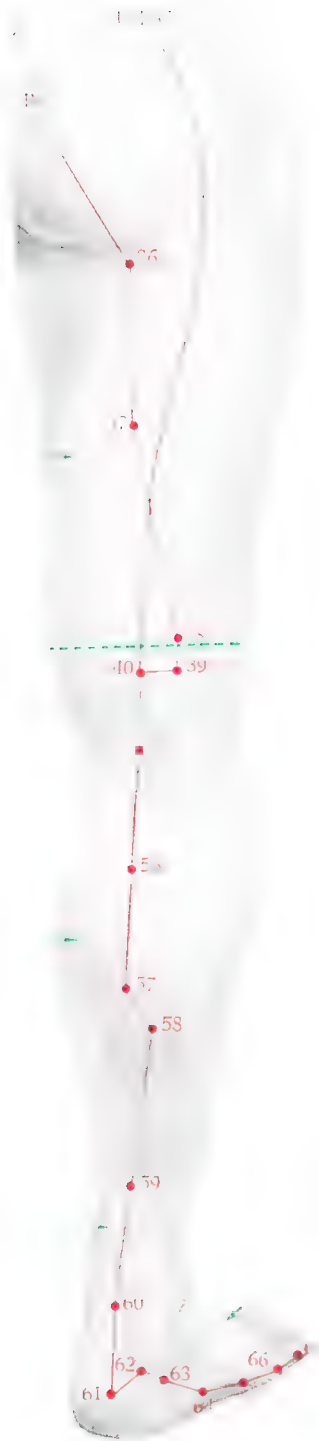


Fig. 28f-1. Therapeutic Properties of the Points of the Lower Extremities

(3) SPECIFIC POINTS

The basic therapeutic properties of the points of the Fourteen Channels can be ascertained by the distribution and route of each individual channel. However, on the basis of the experience of ancient doctors in selecting and combining points, some are being classified into various groups with specific names according to their specific properties and the areas where they are located. Such methods in combining points are still often used in clinical practice.

1. The Back-Shu Points:

These are points pertaining to the Urinary Bladder Channel located at the back 1.5 cun lateral to the Du Channel. Each of these Shu Points relates to an internal organ. Usually, abnormal reactions (tenderness or sensitiveness) will occur at these points if pathological changes take place in their respective corresponding organs. Consequently these points may be used in treating disorders of their corresponding organs. For example, treatment can be applied at Pt. Weishu (U.B. 21) for gastric trouble and at Pt. Pangguangshu (U.B. 28) for diseases of the urinary bladder.

These Back-Shu Points are also indicated in diseases of the sense organs which are related to corresponding internal organs. For example, eye is related to the liver, therefore Pt. Ganshu (U.B. 18) is indicated in eye diseases. And because ears are related to the kidney, Pt. Shenshu (U.B. 23) is indicated in ear diseases.

The Back-Shu Points

Internal Organ	Back-Shu Point	Location
Lung	Feishu (U.B. 13)	D. 3
Pericardium	Jueyinshu (U.B. 14)	D. 4
Heart	Xinshu (U.B. 15)	D. 5
Liver	Ganshu (U.B. 18)	D. 9
Gall Bladder	Danshu (U.B. 19)	D. 10
Spleen	Pishu (U.B. 20)	D. 11
Stomach	Weishu (U.B. 21)	D. 12

Internal Organ	Back-Shu Point	Location
Sanjiao	Sanjiaoshu (U.B. 22)	L. 1
Kidney	Shenshu (U.B. 23)	L. 2
Large Intestine	Dachangshu (U.B. 25)	L. 4
Small Intestine	Xiaochangshu (U.B. 27)	S. 1
Urinary Bladder	Pangguangshu (U.B. 28)	S. 2

2. The Mu-Front Points:

The Mu-Front Points are located on the midline or sides of the chest and abdomen. They are similar to those of the Back-Shu Points, as each of them also relates to an internal organ. Most of these points are used frequently and are listed in the following table.

The Mu-Front Points

Mu Points of the Lateral Aspect of Chest and Abdomen		Mu Points of the Midline of Chest and Abdomen	
Internal Organ	Point	Internal Organ	Point
Lung	Zhongfu (Lu. 1)	Pericardium	Shanzhong (Ren 17)
Liver	Qimen (Liv. 14)	Heart	Jujue (Ren 14)
Gall Bladder	Riyue (G.B. 24)	Stomach	Zhongwan (Ren 12)
Spleen	Zhangmen (Liv. 13)	Sanjiao	Shimen (Ren 5)
Kidney	Jingmen (G.B. 25)	Small Intestine	Guanyuan (Ren 4)
Large Intestine	Tianshu (St. 25)	Urinary Bladder	Zhongji (Ren 3)

3. The Yuan (Source) Points:

Most of the Yuan (Source) Points are located around the wrist and ankle. When an internal organ is attacked by disease there is usually reaction in those points. Hence the saying: Select from the 12 Yuan (Source) Points if the internal organs are diseased. From the clinical point of view, these points have some significance in treating diseases of the internal organs. Each of the Twelve Channels has a Yuan Point. See the following table.

The Yuan (Source) Points

Channels		The Yuan (Source) Point
Three Yin Channels of Hand	Lung	Taiyuan (Lu. 9)
	Pericardium	Daling (P. 7)
	Heart	Shenmen (H. 7)
Three Yin Channels of Foot	Spleen	Taibai (Sp. 3)
	Liver	Taichong (Liv. 3)
	Kidney	Taixi (K. 3)
Three Yang Channels of Hand	Large Intestine	Hegu (L.I. 4)
	Sanjiao	Yangchi (S.J. 4)
	Small Intestine	Hand-Wangu (S.I. 4)
Three Yin Channels of Foot	Stomach	Chongyang (St. 42)
	Gall Bladder	Qiu Xu (G.B. 40)
	Urinary Bladder	Jinggu (U.B. 64)

4. The Luo-Connecting Points:

Each of the Fourteen Channels has a Luo-Connecting Point which serves as a communicating point between the Yin Channel and the Yang Channel. The Spleen Channel, however, has two, one called the Major Luo of the Spleen, making 15 Luo-Connecting Points in all. They are used in treating diseases which involve both the exterior and interior related channels. See the following table:

The 15 Luo-Connecting Points

Yang (Exterior) Channel	Luo-Connecting Point	Yin (Interior) Channel	Luo-Connecting Point
Large Intestine	Pianli (L.I. 6)	Lung	Lieque (Lu. 7)
Sanjiao	Waiguan (S.J. 5)	Pericardium	Neiguan (P. 6)
Small Intestine	Zhizheng (S.I. 7)	Heart	Tongli (H. 5)
Stomach	Fenglong (St. 40)	Spleen	Gongsun (Sp. 4), Dabao (Sp. 21, the Major Luo Point)
Gall Bladder	Guangming (G.B. 37)	Liver	Ligou (Liv. 5)
Urinary Bladder	Feiyang (U.B. 58)	Kidney	Dazhong (K. 4)
Du	Changqiang (Du 1)	Ren	Jiuwei (Ren 15)

5. The Five Shu Points:

In each of the Twelve Channels, below the elbow and knee are 5 specific points, known as the Five Shu Points. They are located from the tips of the fingers or toes to the elbow or knee. Stimulation of each of these points has specific therapeutic properties. (See Chapter IV.)

The Five Shu Points in the Yin Channels

Five Shu Points	Pt. Shu I Jing-Well	Pt. Shu II Yung-Spring	Pt. Shu III Shu-Stream	Pt. Shu IV Jing-River	Pt. Shu V He-Sea
Three Yin Channels of Hand	Lung	Shaoshang (Lu. 11)	Yuji (Lu. 10)	Taiyuan (Lu. 9)	Jingqu (Lu. 8)
	Pericardium	Zhongchong (P. 9)	Laogong (P. 8)	Daling (P. 7)	Jianshi (P. 5)
	Heart	Shaochong (H. 9)	Shaofu (H. 8)	Shenmen (H. 7)	Lingdao (H. 4)
Three Yin Channels of Foot	Spleen	Yinbai (Sp. 1)	Dadu (Sp. 2)	Taibai (Sp. 3)	Shangqiu (Sp. 5)
	Liver	Dadun (Liv. 1)	Xingjian (Liv. 2)	Taichong (Liv. 3)	Zhongfeng (Liv. 4)
	Kidney	Yongquan (K. 1)	Rangu (K. 2)	Taixi (K. 3)	Fuliu (K. 7)
					Chize (Lu. 5)
					Quze (P. 3)
					Shaohai (H. 3)
					Yinlingquan (Sp. 9)
					Ququan (Liv. 8)
					Yingu (K. 10)

The Five Shu Points in the Yang Channel

Five Shu Points		Pt. Shu I	Pt. Shu II	Pt. Shu III	Pt. Shu IV	Pt. Shu V
Three Yang Channels of Hand	Large Intestine	Shangyang (L.I. 1)	Erjian (L.I. 2)	Sanjian (L.I. 3)	Yangxi (L.I. 5)	Quchi (L.I. 11)
	Sanjiao	Guanchong (S.J. 1)	Yemen (S.J. 2)	Zhongzhu (S.J. 3)	Zhigou (S.J. 6)	Tianjing (S.J. 10)
	Small Intestine	Shaoze (S.I. 1)	Qianggu (S.I. 2)	Houxi (S.I. 3)	Yanggu (S.I. 5)	Xiaohai (S.I. 8)
Three Yang Channels of Foot	Stomach	Lidui (St. 45)	Neiting (St. 44)	Xianggu (St. 43)	Jiexi (St. 41)	Zusanli (St. 36)
	Gall Bladder	Foot-Qiaoyin (G.B. 44)	Xiaxi (G.B. 43)	Foot-Linqi (G.B. 41)	Yangfu (G.B. 38)	Yanglingquan (G.B. 34)
	Urinary Bladder	Zhiyin (U.B. 67)	Tonggu (U.B. 66)	Shugu (U.B. 65)	Kunlun (U.B. 60)	Weizhong (U.B. 40)

6. The Xi-Cleft Points:

There is a Xi-Cleft Point in each of the Twelve Channels and one each in the Yinwei, Yangwei, Yinchiao and Yangchiao Extra Channels — 16 in all. Stimulation of these points has the properties of treating acute diseases occurring in the areas supplied by their respective channels and in their respective related organs.

The Xi-Cleft Points

	Channel	The Xi-Cleft Point
Three Yin Channels of Hand	Lung	Kongzui (Lu. 6)
	Heart	Yinxi (H. 6)
	Pericardium	Ximen (P. 4)
Three Yang Channels of Hand	Large Intestine	Wenliu (L.I. 7)
	Sanjiao	Huizong (S.J. 7)
	Small Intestine	Yanglao (S.I. 6)
Three Yin Channels of Foot	Spleen	Diji (Sp. 8)
	Kidney	Shuiquan (K. 5)
	Liver	Zhongdu (Liv. 6)
Three Yang Channels of Foot	Stomach	Liangqiu (St. 34)
	Urinary Bladder	Jinmen (U.B. 63)
	Gall Bladder	Waiqiu (G.B. 36)
Extra Channels	Yinchiao	Jiaoxin (K. 8)
	Yinwei	Zhubin (K. 9)
	Yangchiao	Fuyang (U.B. 59)
	Yangwei	Yangjiao (G.B. 35)

7. The Eight Influential Points:

These are frequently used points, each relating to the diseases of certain tissue, such as Shanzhong (Ren 17), which affects the respiratory system and is indicated when symptoms like fullness of chest, cough, etc. are present. The Eight Influential Points and their related tissues are listed as follows:

The Eight Influential Points

Tissues	The Influential Point
Zang organs	Zhangmen (Liv. 13)
Fu organs	Zhongwan (Ren 12)
Qi (respiratory system)	Shanzhong (Ren 17)
Blood	Geshu (U.B. 17)
Tendon	Yanglingquan (G.B. 34)
Bone	Dazhu (U.B. 11)
Marrow	Xuanzhong (G.B. 39)
Arterial pulse	Taiyuan (Lu. 9)

8. The Eight Confluent Points Connecting the Eight Extra Channels:

Among the Twelve Regular Channels are Eight Points in the extremities which are connected with the Eight Extra Channels, the stimulation of which has therapeutic properties in treating diseases related to the Regular Channels as well as the Extra Channels. See the following table:

The Confluent Points of the Eight Extra Channels

Regular Channel	Confluent Point	Extra Channel
Spleen	Gongsun (Sp. 4)	Chong Mai
Pericardium	Neiguan (P. 6)	Yinwei
Small Intestine	Houxi (S.I. 3)	Du Channel
Urinary Bladder	Shenmai (U.B. 62)	Yangchiao
Sanjiao	Waiguan (S.J. 5)	Yangwei
Gall Bladder	Foot-Linqi (G.B. 41)	Dai Mai
Lung	Lieque (Lu. 7)	Ren Mai
Kidney	Zhaohai (K. 6)	Yinchiao

CHAPTER III

THE POINTS OF THE FOURTEEN CHANNELS AND THE EXTRAORDINARY POINTS

A. METHODS OF LOCATING POINTS

Clinically, there are three methods frequently used in locating points. They are as follows:

(1) PROPORTIONAL MEASUREMENT

The various portions of the human body may be measured lengthwise or transversely and that measurement may be divided into certain equal divisions. Each division is considered as one *proportional* or *identical* unit, referred to as *cun* in this book. For example the forearm of the patient from the transverse crease of the wrist to the cubital crease is measured as 12 *cun*, the point Neiguan (P. 6) is located thus: "on the medial aspect of the forearm, 2 *cun* above the midpoint of the wrist crease." This method can be applied comparatively accurately to adult or child, patients of various body build, whether obese or thin, tall or short, as the length of a *cun* is variable accordingly. (For proportional measurement see Fig. 29 and the following table.)

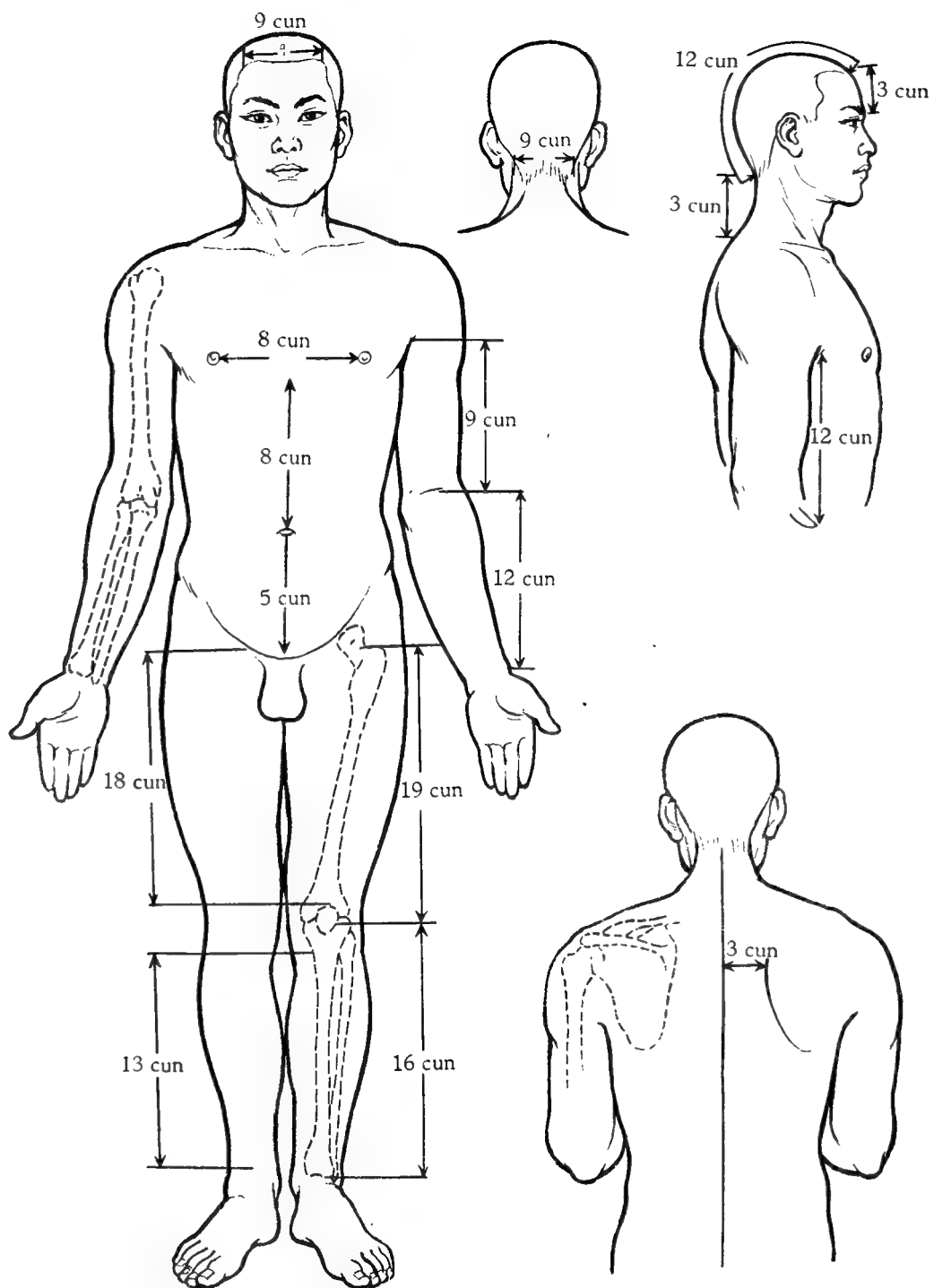


Fig. 29. Proportional Unit

Table for Proportional Measurement

	Distance	Cun	Remarks
Head	Anterior hairline to posterior hairline	12	If hairlines are indistinguishable, measure the glabella to the process of the 7th cervical vertebra as 18 cun.
	Anterior hairline to glabella	3	
	Posterior hairline to the process of the 7th cervical vertebra	3	
	The hairline between the two temporal regions	9	Between the tips of the two mastoid processes is also measured as 9 cun.
Thorax & Abdomen	Distance between the two nipples	8	The anterior aspect of chest is measured in accordance with intercostal space. Width of every rib is measured as 1.6 cun.
	From lower end of sternum to centre of umbilicus	8	
	Centre of umbilicus to upper border of symphysis pubis	5	
	Axillary crease to tip of 11th rib	12	
Back	Medial border of scapula to midline of back	3	To locate points lengthwise at the back, the intervertebral space may be taken as a landmark.
Upper Extremities	Transverse axillary fold to cubital crease	9	Identical for lateral and medial aspects.
	Cubital crease to transverse wrist crease	12	
Lower Extremities	Upper level of the greater trochanter to middle of patella	19	Identical for anterior, posterior and lateral aspects.
	Middle of patella to tip of lateral malleolus	16	
	Upper border of symphysis pubis to upper border of epicondyle of the femur	18	Identical for medial aspect.
	Medial condyle of the tibia to the tip of medial malleolus	13	

(2) FINGER-LENGTH MEASUREMENT

This method is to locate points using the finger-length of the patient as a criterion. If the body build of the patient is about the same as that of the doctor, then the doctor may locate the point using his own finger-length.

The following are the measuring methods:

1. Measuring with the middle finger:

Take the distance between the two creases marking the joints of the distal and middle phalanges of the middle finger as one cun.

2. Measuring with the thumb:

The breadth of the first joint of the thumb is measured as one cun.

3. Measuring with the four fingers (index, middle, ring, and small):

The breadth of the four fingers close together at the second joint of the index finger is calculated as three cun.

These methods (also known as identical measuring methods) are more simple to apply but not as accurate as the proportional measurement.

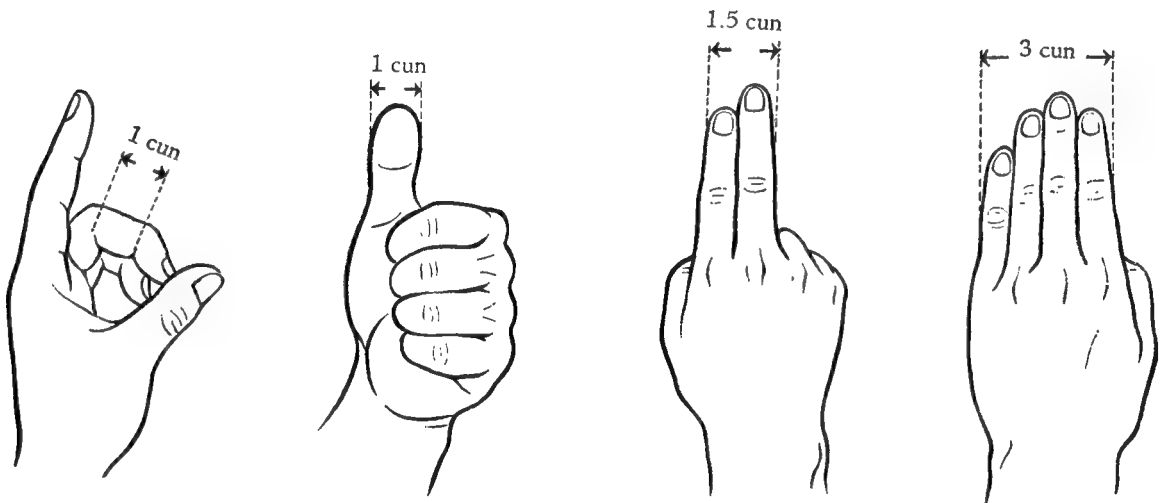


Fig. 30

(3) LOCATING POINTS ACCORDING TO ANATOMICAL LANDMARKS

The sense organs, eyebrow and hairline can be taken as landmarks in locating points of the head. For the back, the process of the vertebral

spines, the scapula (the tip of the scapular spine is level with the 3rd thoracic vertebral spine while its inferior border is level with the 7th thoracic vertebral spine), the ribs (the lower border of the costal arch is on a level with the 2nd lumbar vertebra) and the iliac crest (the upper border of the iliac crest is on a level with the 4th lumbar vertebra) serve as landmarks. Serving as landmarks for the chest and abdomen are the nipples, umbilicus, sternum, pubic bone, etc., and for the four limbs, the joints and condyles may be taken as landmarks.

Furthermore, landmarks for points may be located according to certain postures assumed by the patient. For example, to locate Shaohai (H. 3), ask the patient to bend his elbow in a right angle; the point is just at the end of the skin crease at the medial aspect of the elbow joint. To locate Fengshi (G.B. 31), ask the patient to stand straight with upper extremities close to the sides. The point on the thigh reached by the tip of the middle finger is Pt. Fengshi.

B. THE POINTS OF THE FOURTEEN CHANNELS

(1) THE LUNG CHANNEL OF HAND-TAIYIN

— 11 Points —

1. Zhongfu (Lu. 1):

Location: On the lateral aspect of chest, in the interspace of the 1st and 2nd rib, 6 cun lateral to midline of chest. (See Fig. 32.)

Indications: Cough, dyspnea, pain in chest, shoulder and back pain, pulmonary tuberculosis, etc.

Puncture: 0.5-0.7 inch towards lateral aspect of chest.

2. Yunmen (Lu. 2):

Location: Below the acromial extremity of the clavicle in the depression lateral to the triangle of m. pectoralis, 6 cun lateral to midline of chest. (See Fig. 32.)

Indications: Cough, asthma, pain in the chest, pain in the shoulder and back, fullness of chest.

Puncture: Obliquely 0.5-1.0 inch.

3. Tianfu (Lu. 3):

Location: On the medial aspect of the upper arm, 3 cun below the anterior axillary fold, on the radial side of m. biceps brachii, 6 cun above Chize (Lu. 5).

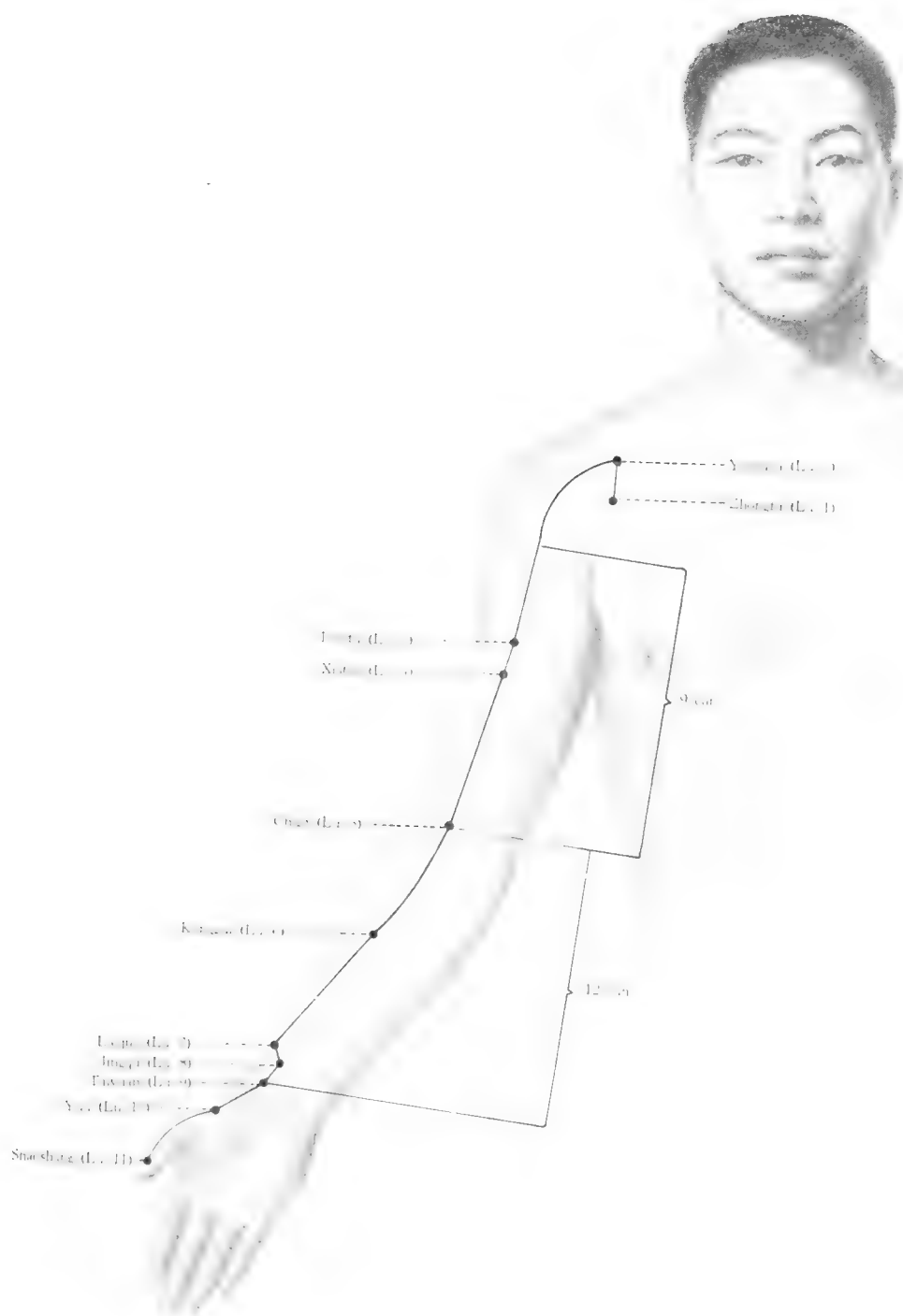


Fig. 31. The Lung Channel of Hand-Taiyin

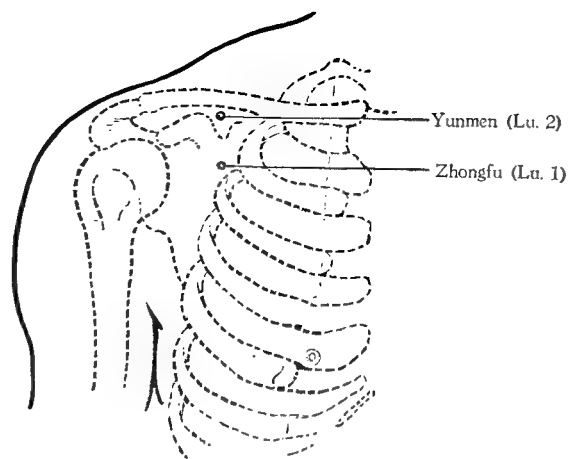


Fig. 32

Indications: Asthma, epistaxis, pain in the medial aspect of upper arm.
Puncture: Perpendicularly 0.5-1.0 inch.

4. Xiabai (Lu. 4):

Location: On the medial aspect of the upper arm, antero-lateral to the humerus, on the radial side of the m. biceps brachii, 1 cun below Tianfu (Lu. 3).

Indications: Cough, shortness of breath, pain in chest, pain in the medial aspect of upper arm.

Puncture: Perpendicularly 0.5-1.0 inch.

5. Chize (Lu. 5):

Location: In the cubital crease, on the radial side of the tendon of m. biceps brachii, flex elbow slightly to locate the point. (See Fig. 33.)

Indications: Cough, asthma, hemoptysis, tonsillitis, pain and swelling of elbow and arm.

Puncture: Perpendicularly 0.5-1.0 inch.

6. Kongzui (Lu. 6):

Location: On the radial aspect of the forearm, 7 cun above the wrist crease. (See Fig. 34.)

Indications: Cough, asthma, hemoptysis, tonsillitis, pain and motor impairment of elbow and arm.

Puncture: Perpendicularly 0.5-1.0 inch.

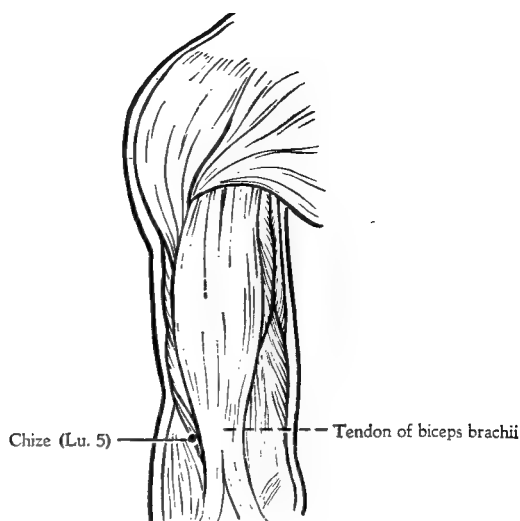


Fig. 33

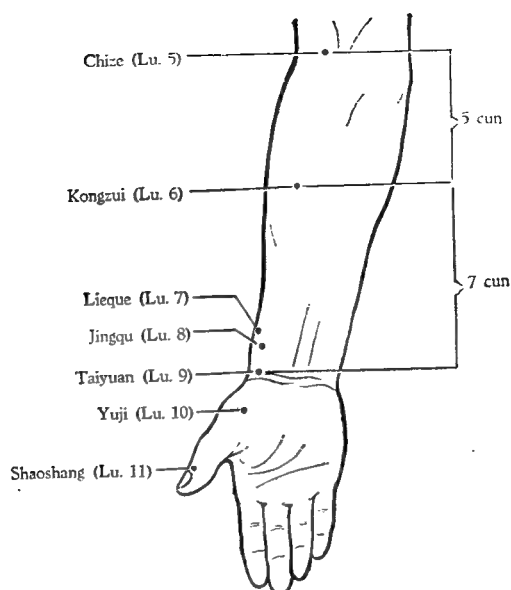


Fig. 34

7. Lieque (Lu. 7):

Location: Above the styloid process of the radius, 1.5 cun above the transverse crease of the wrist. Or, when the index fingers and thumbs of both hands are crossed, the point is in the depression right under the tip of the index finger. (See Fig. 35.)

Indications: Headache, stiff neck, cough, asthma, facial paralysis.

Puncture: Obliquely upward 0.5-0.7 inch.

8. Jingqu (Lu. 8):

Location: 1 cun above the transverse fold of the wrist, in the medial aspect of the styloid process of the radius. (See Fig. 34.)

Indications: Cough, asthma, pain in the chest, sore throat, pain in the wrist and hand.

Puncture: Perpendicularly or obliquely 0.3-0.7 inch, avoiding radial artery.

9. Taiyuan (Lu. 9):

Location: On the palmar surface, at the tip of the transverse crease of the wrist, in the depression on the radial side of the radial artery. (See Fig. 34.)

Indications: Asthma, chest pain, pain in the back and shoulder.

Puncture: Perpendicularly 0.3-0.5 inch, avoiding artery.



Fig. 35

10. Yuji (Lu. 10):

Location: On the palmar surface, in the middle of the 1st metacarpal bone, at the junction of the "white and red" skin. (See Fig. 36.)

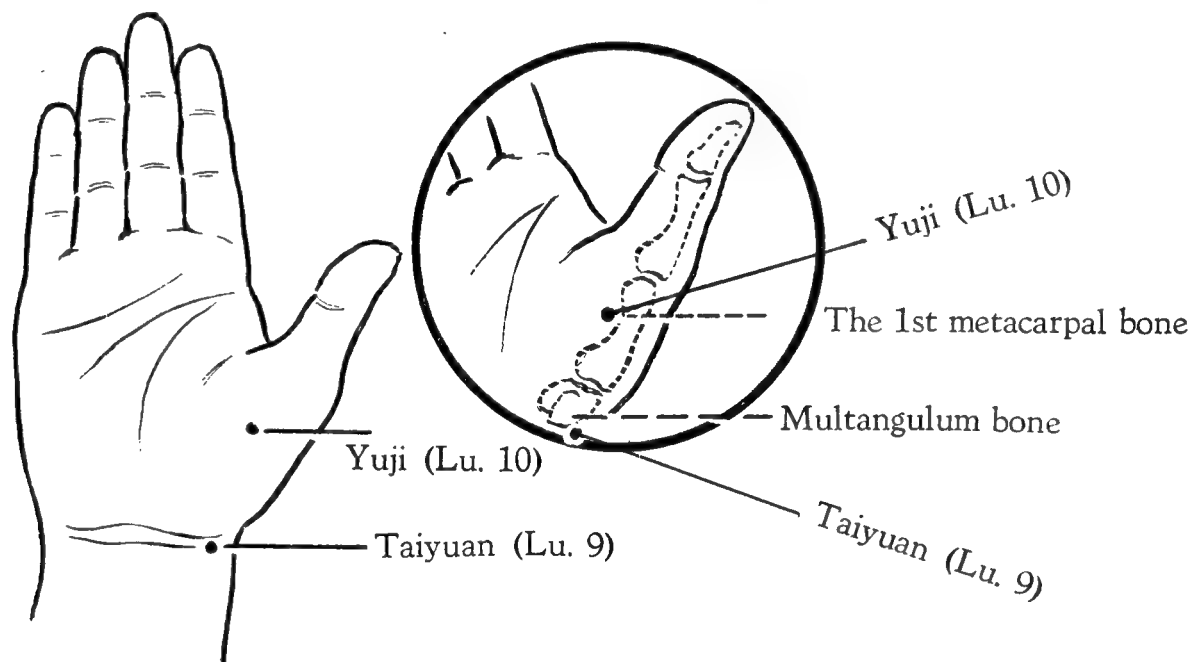


Fig. 36

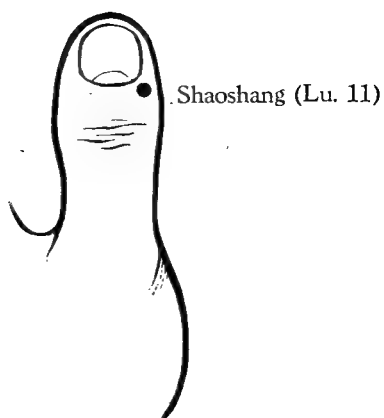


Fig. 37

Indications: Cough, asthma, hemoptysis, sore throat, fever.

Puncture: Perpendicularly, 0.3-0.7 inch.

11. Shaoshang (Lu. 11):

Location: On the radial side of the thumb, about 0.1 inch posterior to the corner of nail. (See Fig. 37.)

Indications: Tonsillitis, coma, respiratory failure, epilepsy, fever.

Puncture: Obliquely upward 0.1 inch, or prick to cause bleeding.

(2) THE LARGE INTESTINE CHANNEL OF HAND-YANGMING

— 20 Points —

1. Shangyang (L.I. 1):

Location: On the radial side of the index finger, 0.1 inch posterior to the corner of the nail. (See Fig. 39.)

Indications: Febrile diseases, coma, apoplexy, pain and swelling of throat and pharynx.

Puncture: Prick and cause bleeding with the three-edged needle.

2. Erjian (L.I. 2):

Location: In the depression distal to the 2nd metacarpo-phalangeal joint on the radial side. Clench fist to locate the point.

Indications: Epistaxis, toothache, sore throat, shoulder and back pain, facial paralysis, febrile diseases.

Puncture: Perpendicularly 0.2-0.3 inch.

3. Sanjian (L.I. 3):

Location: On the radial side of the index finger in a depression proximal to the head of the 2nd metacarpal bone. Clench fist to locate point.

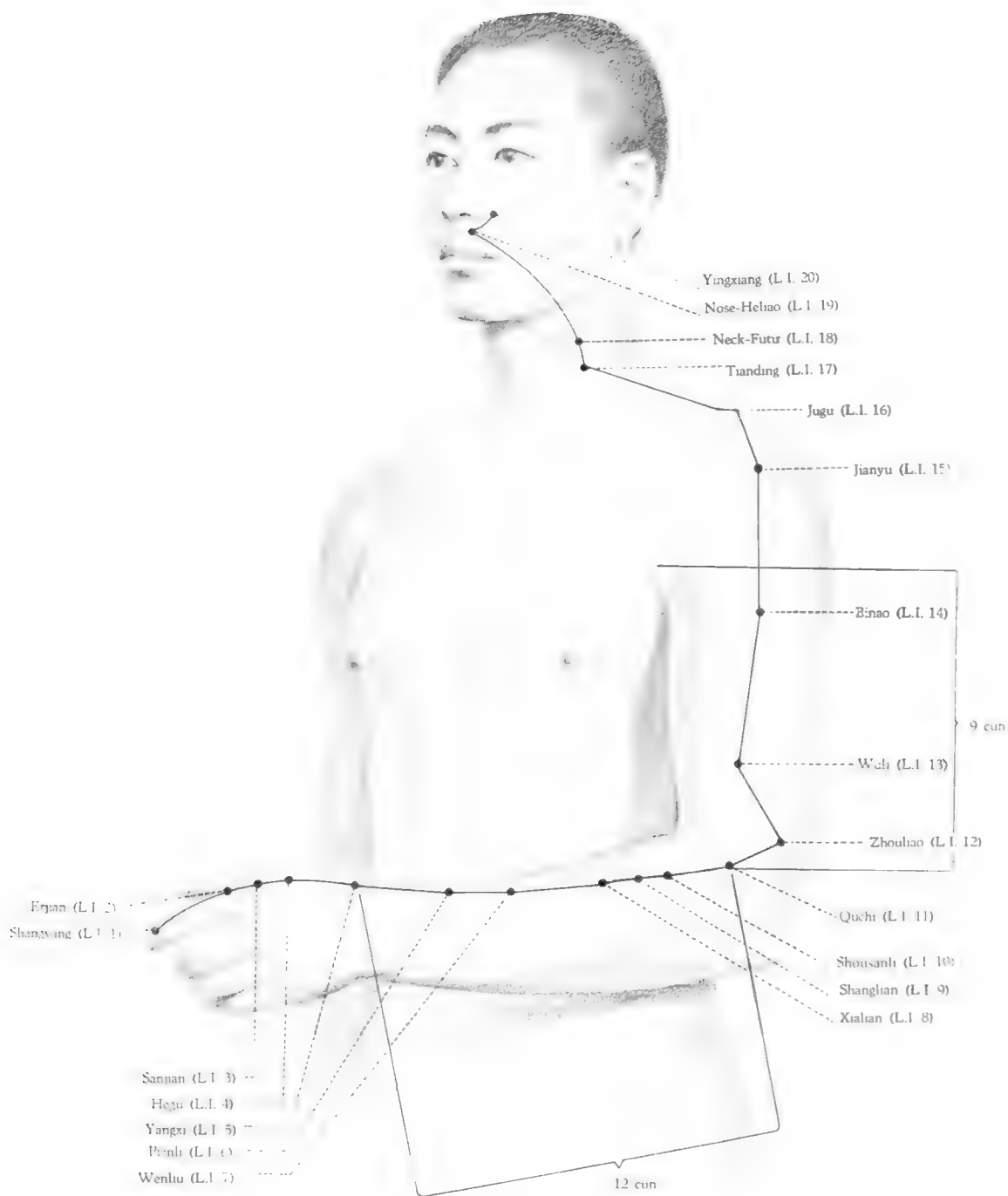


Fig. 38. The Large Intestine Channel of Hand-Yangming

Indications: Ophthalmalgia, lower toothache, sore throat, trigeminal neuralgia, redness and swelling of fingers and back of hand.

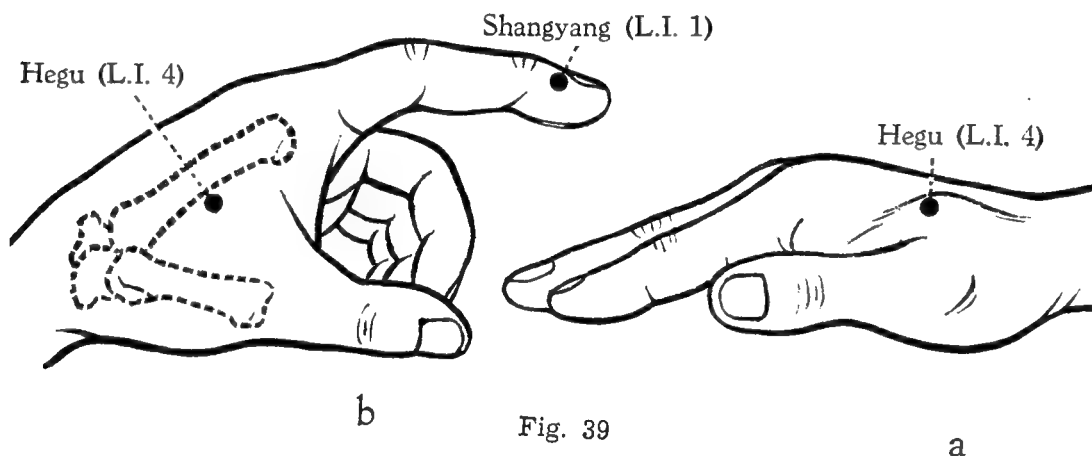
Puncture: Perpendicularly 0.3-0.7 inch.

4. Hegu (L.I. 4):

Location: (a) On the middle of the 2nd metacarpal bone, on the radial aspect. (See Fig. 39b.) (b) At the highest spot of the muscle when the thumb and the index finger are brought close together. (See Fig. 39a.) (c) Stretch the thumb and the index finger. The point is mid-distant on a line between the junction of the 1st and 2nd metacarpal bones and the border of the web, slightly towards the 2nd metacarpal bone. (See Fig. 39b.)

Indications: Headache, toothache, tonsillitis, rhinitis, pharyngitis, ophthalmalgia, facial paralysis, simple thyroid goitre, pain and paralysis of the upper extremities, arthritis of mandible, hyperhydrosis, hypohydrosis, common cold with fever, etc.

Puncture: (a) Perpendicularly 0.5-1.0 inch. (b) Perpendicularly towards Laogong (P. 8) 1.5 inches.



5. Yangxi (L.I. 5):

Location: On the radial side of the back of the wrist. When the thumb is tilted upward, it is in the hollow between the tendons of m. extensor pollicis brevis and longus. (See Fig. 40.)

Indications: Headache, ophthalmalgia, deafness, tinnitus, toothache, pain in wrist and hand, dyspepsia in children and infants.

Puncture: Perpendicularly 0.3-0.5 inch.

6. Pianli (L.I. 6):

Location: 3 cun above Yangxi (L.I. 5).

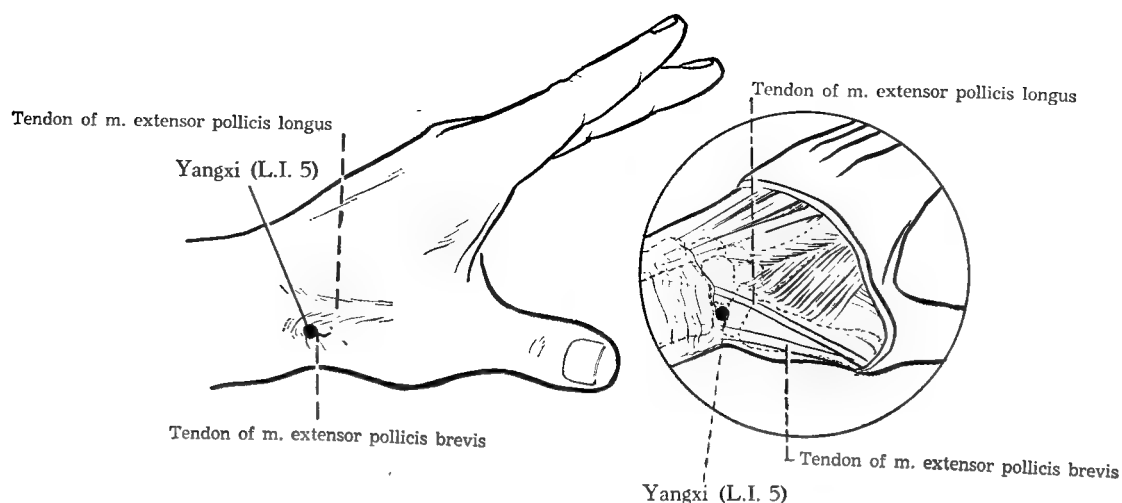


Fig. 40

Indications: Tonsillitis, facial paralysis, pain in the forearm, epistaxis, edema.

Puncture: Perpendicularly or obliquely 0.3-1.0 inch.

7. Wenliu (L.I. 7):

Location: 5 cun above Yangxi (L.I. 5) on the line connecting Yangxi (L.I. 5) and Quchi (L.I. 11).

Indications: Stomatitis, parotitis, glossitis, aching of shoulder and arm.

Puncture: Perpendicularly 0.5-1.0 inch.

8. Xialian (L.I. 8):

Location: 4 cun below Quchi (L.I. 11).

Indications: Pain in the elbow and arm, abdominal pain, mastitis.

Puncture: Perpendicularly 0.5-1.0 inch.

9. Shanglian (L.I. 9):

Location: 3 cun below Quchi (L.I. 11).

Indications: Aching of shoulder and back, tingling and numbness of upper extremities, borborygmus, abdominal pain.

Puncture: Perpendicularly 0.5-1.0 inch.

10. Shousanli (L.I. 10):

Location: On a line connecting Yangxi (L.I. 5) and Quchi (L.I. 11), 2 cun directly below the latter.

Indications: Pain in the shoulder and arm, tremor, hemiplegia.

Puncture: Perpendicularly 1.0-1.2 inches.

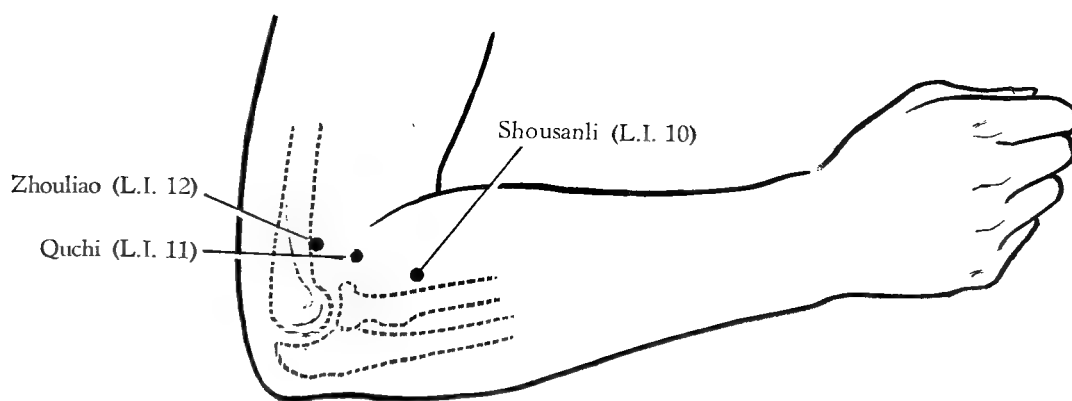


Fig. 41

11. Quchi (L.I. 11):

Location: In the depression at the lateral end of the transverse cubital crease. Midway between Chize (Lu. 5) and the lateral epicondyle of the humerus, when elbow is half flexed. (See Fig. 41.)

Indications: Pain in the shoulder and arm, paralysis of upper extremities, fever, hypertension, chorea, eczema, neurodermatitis, disorder of the cubital joint and its surrounding soft tissue.

Puncture: Perpendicularly towards Shaohai (H. 3), 1.0-1.5 inches deep.

12. Zhouliao (L.I. 12):

Location: Superior to the lateral epicondyle of the humerus, on the lateral border of the humerus. (See Fig. 41.)

Indications: Pain, contracture and numbness in the elbow and arm.

Puncture: Perpendicularly 1.0-1.2 inches.

13. Wuli (L.I. 13):

Location: On the antero-medial border of the humerus, 3 cun above the elbow crease.

Indications: Pneumonia, peritonitis, pain in elbow and arm, tuberculosis of cervical lymph nodes.

Puncture: Perpendicularly 1.0-1.5 inches, avoiding artery.

14. Binao (L.I. 14):

Location: At the lower end of the m. deltoideus of the humerus, in line with Quchi (L.I. 11) and Jianyu (L.I. 15). (See Fig. 42.)

Indications: Pain and impairment of movement of elbow and arm, disorder of shoulder joint and its surrounding soft tissue.

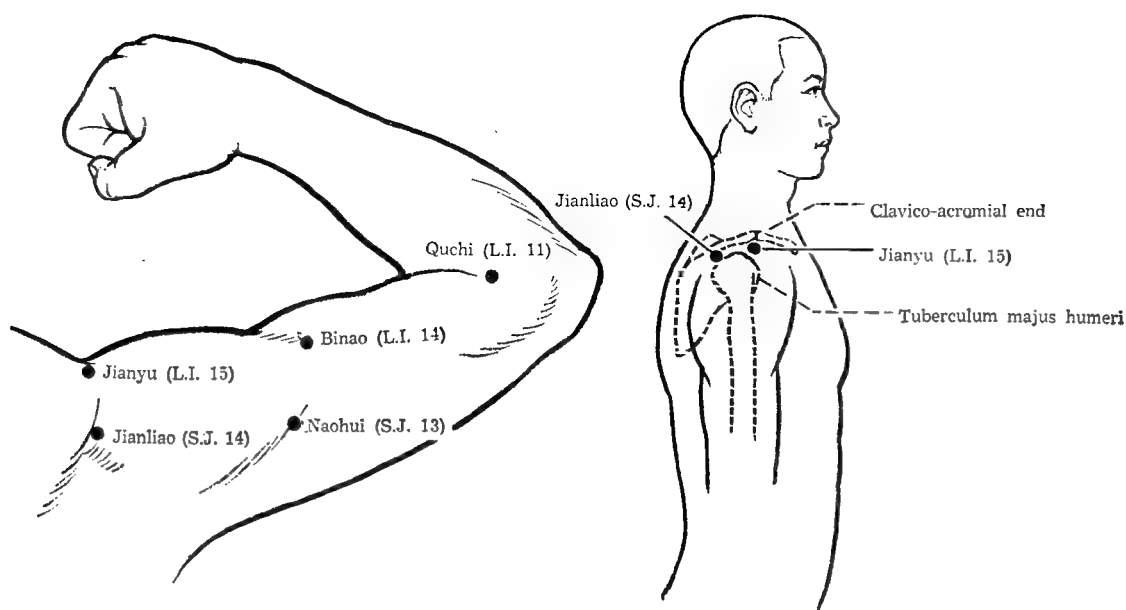


Fig. 42

Puncture: Perpendicularly 0.3-0.5 inch, or penetrate 1.0-1.5 inches along the anterior border of the humerus.

15. Jianyu (L.I. 15):

Location: (a) At the anterior and inferior border of acromio-clavicular joint, inferior to the acromion, when arm is in adduction. (b) The point is in the depression of the acromion when arm is in full abduction. (See Fig. 42.)

Indications: Same as Binao (L.I. 14).

Puncture: Perpendicularly 0.5-1.0 inch when arm is in abduction, or obliquely downward 1.0-1.5 inches when arm is in adduction.

16. Jugu (L.I. 16):

Location: In the depression between the clavico-acromial extremity and the spine of scapula. (See Fig. 88.)

Indications: Pain in shoulder, back and upper extremities.

Puncture: 1.0-1.2 inches in lateral oblique direction.

17. Tianding (L.I. 17):

Location: About 1 cun below Neck-Futu (L.I. 18) at the posterior border of sterno-cleido-mastoideus muscle, when patient sits straight with head back.

Indications: Sore throat, tonsillitis, tuberculosis of the cervical lymph nodes.

Puncture: Perpendicularly 0.5-1.0 inch.

18. Neck-Futu (L.I. 18):

Location: 3 cun lateral to the thyroid cartilage, between the sternal head and the clavicular head of the sterno-cleido-mastoideus muscle. (See Fig. 68.)

Indications: Cough, excessive sputum, sore throat.

Puncture: Perpendicularly 0.5-1.0 inch.

19. Nose-Heliao (L.I. 19):

Location: 0.5 cun lateral to Pt. Renzhong (Du 26).

Indications: Epistaxis, nasal obstruction, facial paralysis.

Puncture: Obliquely 0.3-0.5 inch.

20. Yingxiang (L.I. 20):

Location: Between the naso-labial groove and the midpoint of the outer border of the nasal ala. (See Fig. 43.)

Indications: Rhinitis, sinusitis, facial paralysis, ascariasis of the bile duct.

Puncture: Obliquely 0.3-0.5 inch.

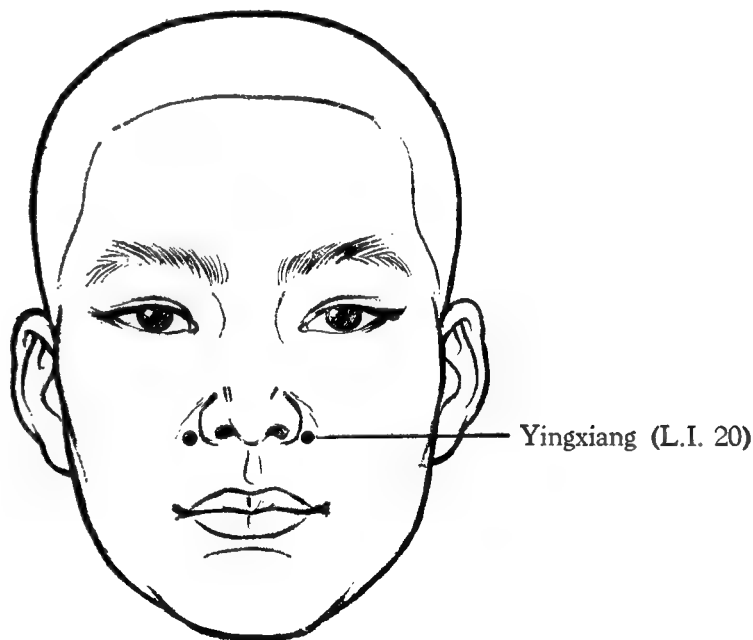


Fig. 43

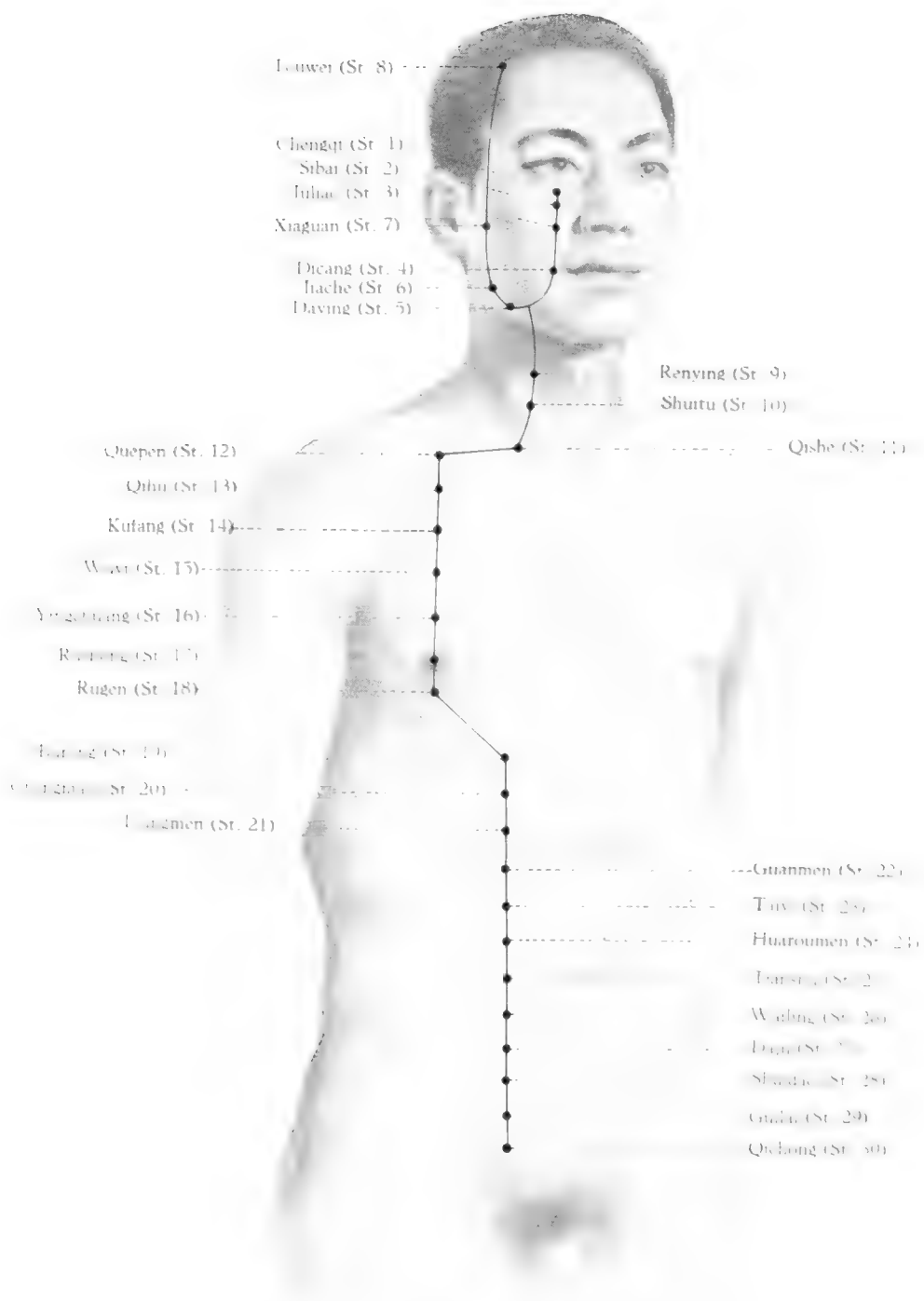


Fig. 44a. The Stomach Channel of Foot-Yangming

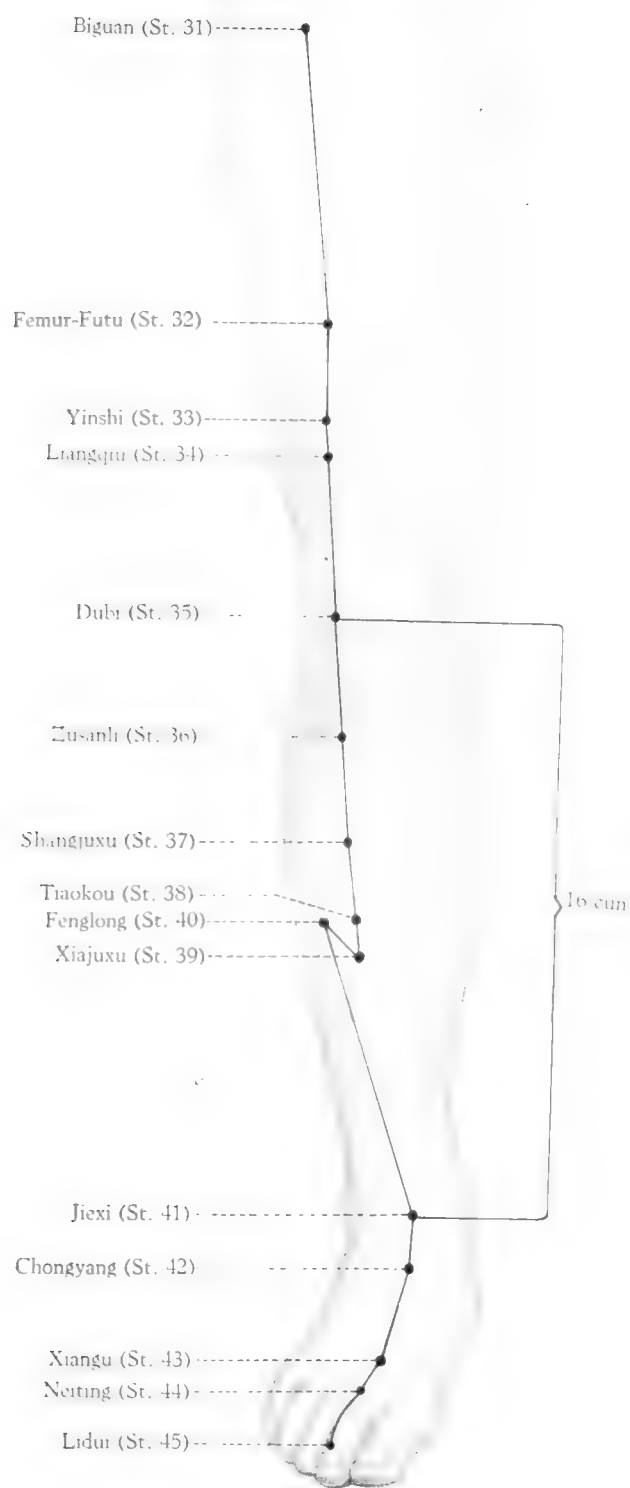


Fig. 44b. The Stomach Channel of Foot-Yangming

(3) THE STOMACH CHANNEL OF FOOT-YANGMING

— 45 Points —

1. Chengqi (St. 1):

Location: Between the eyeball and the midpoint of the infra-orbital ridge. (See Fig. 45.)

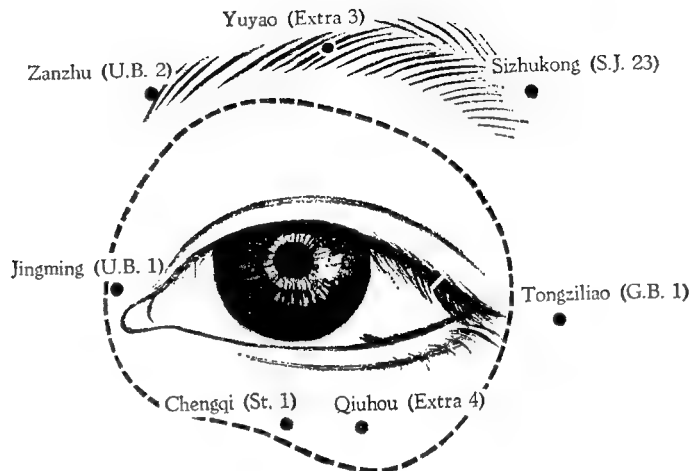


Fig. 45

Indications: Conjunctivitis, thermal burns, myopia, optic atrophy, etc.

Puncture: 0.3-1.0 inch perpendicularly. Ask patient to look upward, the needle is inserted along the lower border of the orbital ridge. (See Fig. 46.)

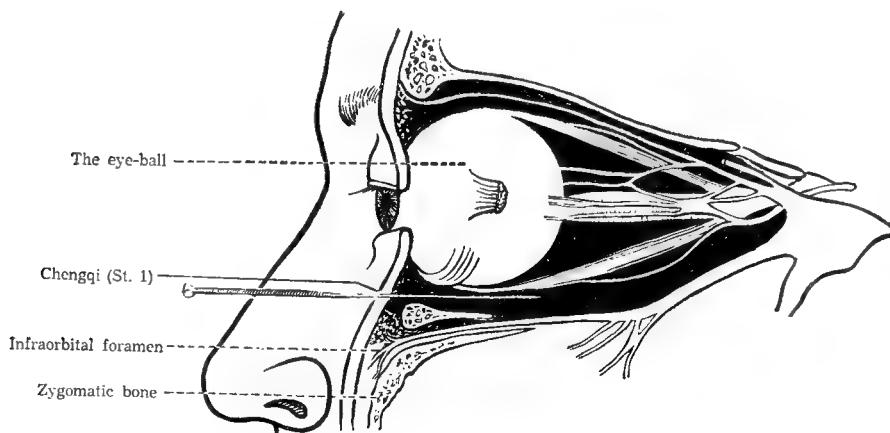


Fig. 46

2. Sibai (St. 2):

Location: 0.7 cun below Chengqi (St. 1), in the depression at the infra-orbital foramen. (See Fig. 47.)

Indications: Facial paralysis, eye diseases, twitching of eyelids, headache.

Puncture: Perpendicularly 0.2-0.3 inch or 1.0-2.0 inches horizontally towards Jiache (St. 6).

3. Juliao (St. 3):

Location: Directly below Sibai (St. 2), at the level of the lower end of the ala nasi, lateral to the naso-labial groove.

Indications: Facial paralysis, epistaxis, toothache, pain and swelling of lips and cheek.

Puncture: Obliquely 0.3-0.5 inch.

4. Dicang (St. 4):

Location: 0.4 cun lateral to corner of mouth. (See Fig. 47.)

Indications: Facial paralysis, trigeminal neuralgia, salivation.

Puncture: Obliquely 0.5 inch, or 1.0-2.0 inches horizontally towards Jiache (St. 6).

5. Daying (St. 5):

Location: Anterior to the angle of jaw, at the lower border of m. masseter where the artery of the mandible groove can be palpated.

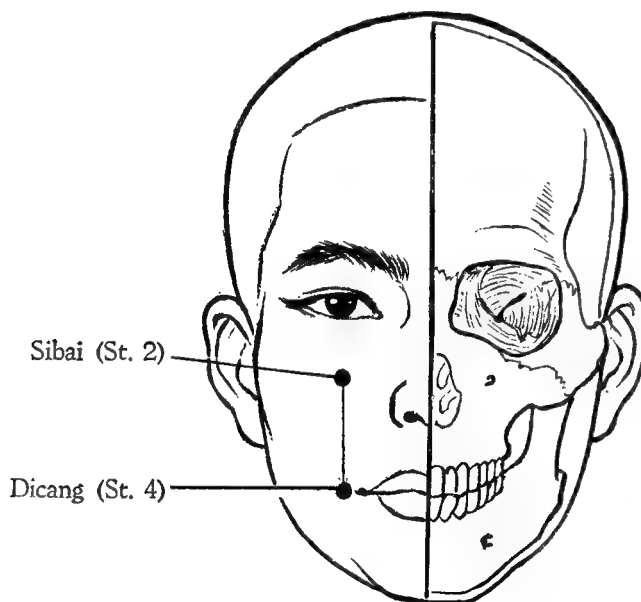


Fig. 47

Indications: Toothache, parotitis, facial paralysis.

Puncture: Perpendicularly or obliquely 0.5-1.0 inch.

6. Jiache (St. 6):

Location: Anterior and superior to the angle of jaw at the prominence of the masseter muscle when the jaw is shut tight as shown in Fig. 48.

Indications: Toothache, facial paralysis, parotitis, spasm of masseter muscle.

Puncture: Perpendicularly 0.3 inch or horizontally 1.0-2.0 inches towards Dicang (St. 4).

7. Xiaguan (St. 7):

Location: In the depression at the lower border of the zygomatic arch, anterior to the condyloid process of the mandible. Locate the point with patient's mouth closed. (See Fig. 48.)

Indications: Facial paralysis, trigeminal neuralgia, toothache, mandibular arthritis.

Puncture: Perpendicularly 0.5-1.0 inch.

8. Touwei (St. 8):

Location: 0.5 cun within the anterior hairline at the corner of the forehead. (See Fig. 44.)

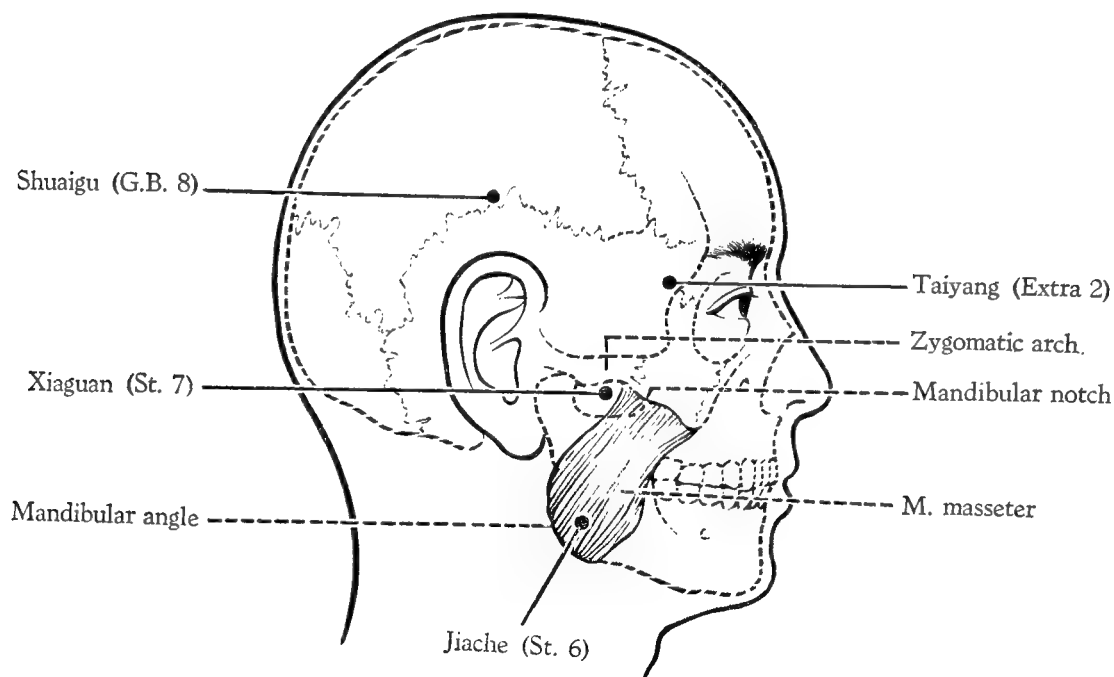


Fig. 48

Indications: Migraine, ophthalmalgia, lacrimation.

Puncture: Horizontally subcutaneously, posteriorly or anteriorly 0.3-0.5 inch.

9. Renying (St. 9):

Location: Posterior to the common carotid artery on the anterior border of m. sterno-cleido-mastoideus, lateral to the thyroid cartilage. (See Fig. 68.)

Indications: Hypertension, asthma, sore throat, aphasia.

Puncture: Perpendicularly 0.5-1.0 inch, avoiding carotid artery.

10. Shuitu (St. 10):

Location: On the anterior border of m. sterno-cleido-mastoideus, midway between Renying (St. 9) and Qishe (St. 11).

Indications: Sore throat, asthma.

Puncture: Obliquely, medially 0.5-1.0 inch.

11. Qishe (St. 11):

Location: Directly below Renying (St. 9) on the superior border of the clavicle.

Indications: Sore throat, dyspnea, stiff neck.

Puncture: Perpendicularly 0.3-0.5 inch.

12. Quepen (St. 12):

Location: In the middle of the supraclavicular fossa, on the mammillary line.

Indications: Sore throat, asthma, pleuritis, costal neuralgia.

Puncture: Perpendicularly 0.3-0.5 inch, avoiding artery.

13. Qihu (St. 13):

Location: Below the midpoint of the clavicle, 4 cun lateral to Xuanji (Ren 21).

Indications: Asthma, bronchitis, chest and back pain, hiccough, dyspnea.

Puncture: Obliquely 0.5-0.8 inch.

14. Kufang (St. 14):

Location: In the 1st intercostal space, 4 cun lateral to Huagai (Ren 20).

Indications: Bronchitis, distention and pain in the chest and hypochondriac region.

Puncture: Obliquely 0.5-0.8 inch.

15. Wuyi (St. 15):

Location: In the 2nd intercostal space, 4 cun lateral to Chest-Zigong (Ren 19).

Indications: Bronchitis, distention and pain in chest and costal region, asthma.

Puncture: Obliquely 0.5-0.8 inch.

16. Yingchuang (St. 16):

Location: In the 3rd intercostal space, 4 cun lateral to Yutang (Ren 18).

Indications: Cough, asthma, pain in the hypochondriac region, borborygmus, diarrhea, mastitis.

Puncture: Obliquely 0.5-0.8 inch.

17. Ruzhong (St. 17):

Location: In the centre of the nipple, in the 4th costal interspace, mid-line of the clavicle.

Note: This point only serves as a marking for transverse measurement in locating the points on the chest and abdomen. The distance between the two nipples is 8 cun.

It is contra-indicated to acupuncture or moxibustion.

18. Rugen (St. 18):

Location: Directly below the nipple in the depression of the mamillary groove, in the 5th intercostal space (See Fig. 49.)

Indications: Mastitis, deficient lactation, chest pain.

Puncture: Obliquely 0.5-0.8 inch.

19. Burong (St. 19):

Location: 6 cun above the umbilicus, 2 cun lateral to Jujue (Ren 14).

Indications: Gastrectasis, intercostal neuralgia.

Puncture: Perpendicularly 0.5-0.8 inch.

20. Chengman (St. 20):

Location: 5 cun above the umbilicus, 2 cun lateral to Shangwan (Ren 13).

Indications: Acute and chronic gastritis, gastralgia, pain and spasm of the m. rectus abdominis.

Puncture: Perpendicularly 0.5-1.0 inch.

21. Liangmen (St. 21):

Location: 4 cun above umbilicus, 2 cun lateral to Zhongwan (Ren 12). (See Fig. 49.)

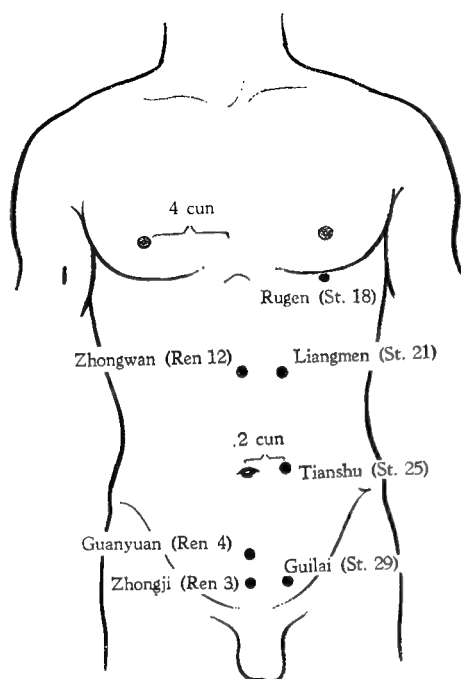


Fig. 49

Indications: Gastric or duodenal ulcer, acute and chronic gastritis, gastric neurosis, etc.

Puncture: Perpendicularly 0.5-1.0 inch.

22. Guanmen (St. 22):

Location: 3 cun above umbilicus; 2 cun lateral to Jianli (Ren 11).

Indications: Abdominal pain or distention, anorexia, borborygmus, diarrhea, edema.

Puncture: Perpendicularly 0.5-1.0 inch.

23. Taiyi (St. 23):

Location: 2 cun above umbilicus; 2 cun lateral to Xiawan (Ren 10).

Indications: Gastralgia, hernia, enuresis, mental disorder.

Puncture: Perpendicularly 0.5-1.0 inch.

24. Huaroumen (St. 24):

Location: 1 cun above umbilicus; 2 cun lateral to Shuifen (Ren 9).

Indications: Nausea and vomiting, gastralgia, mental disorder.

Puncture: Perpendicularly 0.5-1.0 inch.

25. Tianshu (St. 25):

Location: 2 cun lateral to umbilicus. (See Fig. 49.)

Indications: Acute and chronic gastro-enteritis, dysentery, constipation, intestinal paralysis, diarrhea in children and infants, paralysis of m. abdominis, appendicitis, acute intestinal obstruction.

Puncture: Perpendicularly 0.5-1.0 inch.

26. Wailing (St. 26):

Location: 1 cun below umbilicus; 2 cun lateral to Abdomen-Yinjiao (Ren 7).

Indications: Abdominal pain, menorrhagia.

Puncture: Perpendicularly 0.5-1.0 inch.

27. Daju (St. 27):

Location: 2 cun below umbilicus; 2 cun lateral to Shimen (Ren 5).

Indications: Cystitis, abdominal pain, dysentery, spermatorrhea.

Puncture: Perpendicularly 0.5-1.0 inch.

28. Shuidao (St. 28):

Location: 3 cun below umbilicus; 2 cun lateral to Guanyuan (Ren 4).

Indications: Nephritis, cystitis, retention of urine, testitis.

Puncture: Perpendicularly 0.5-1.0 inch.

29. Guilai (St. 29):

Location: 4 cun below Tianshu (St. 25); 2 cun lateral to Zhongji (Ren 3). (See Fig. 49.)

Indications: Amenorrhea, menorrhagia, prolapse of uterus, acute epididymitis, chronic pelvic inflammation, hernia.

Puncture: Perpendicularly 0.5-1.0 inch.

30. Qichong (St. 30):

Location: 5 cun below umbilicus; 2 cun lateral to Qugu (Ren 2).

Indications: Urogenital diseases, hernia.

Puncture: Perpendicularly 0.5-1.0 inch.

31. Biguan (St. 31):

Location: Directly below the anterior superior iliac spine, in a line level with the lower border of the pubic symphysis. (See Fig. 50.)

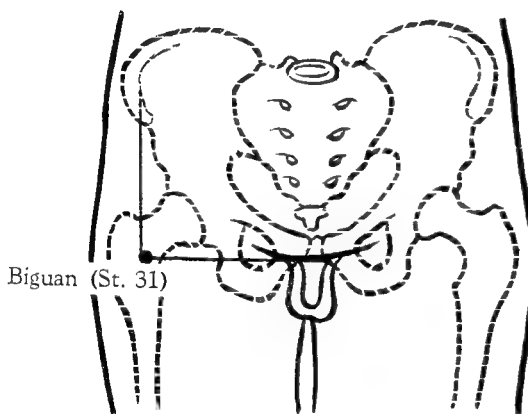


Fig. 50

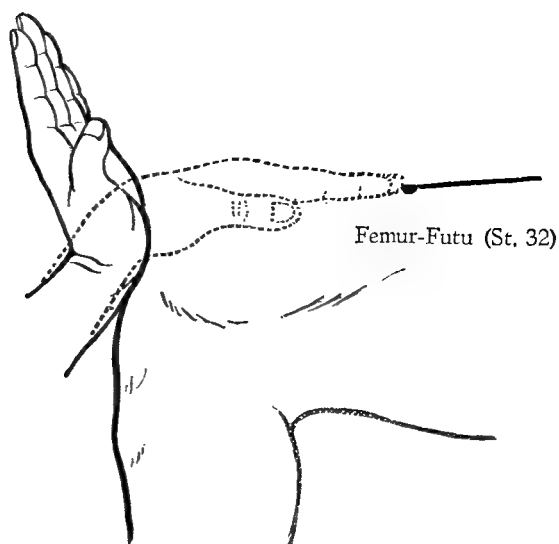


Fig. 51

Indications: Paralysis of lower extremities, hemiplegia, rheumatism.

Puncture: Perpendicularly 1.0-1.5 inches.

32. Femur-Futu (St. 32):

Location: 6 cun above the superior border of the patella (see Fig. 51), or, cover knee-cap with hand, the middle of 1st wrist crease on middle of knee, fingers close together. The point is where the middle finger rests.

Indications: Pain, paralysis of lower extremities, hemiplegia.

Puncture: 1.0-1.5 inches along the lateral border of the femur.

33. Yinshi (St. 33):

Location: In a depression 3 cun above the supero-lateral border of the patella.

Indications: Aching or paralysis of the knee joint and leg.

Puncture: Perpendicularly 1.0-1.5 inches.

34. Liangqiu (St. 34):

Location: In the depression 2 cun above the supero-lateral border of the patella, directly above Dubi (St. 35). (See Fig. 52.)

Indications: Gastralgia, diarrhea, mastitis, disorders of knee joint and its surrounding soft tissue.

Puncture: Perpendicularly 1.0 inch.

35. Dubi (St. 35):

Location: Ask the patient to bend the knee. The point is in the depression just below the patella, lateral to the patellar ligament. This point is the lateral foramen of the patella. (See Fig. 52.)

Indications: Arthritis of the knee joint.

Puncture: 0.5-1.0 inch obliquely and medially, or puncture along the posterior aspect of the ligament towards medial-Xiyan (Extra 32).

36. Zusanli (St. 36):

Location: 3 cun below Dubi (St. 35), one finger breadth from the anterior crest of the tibia. (See Fig. 53.)

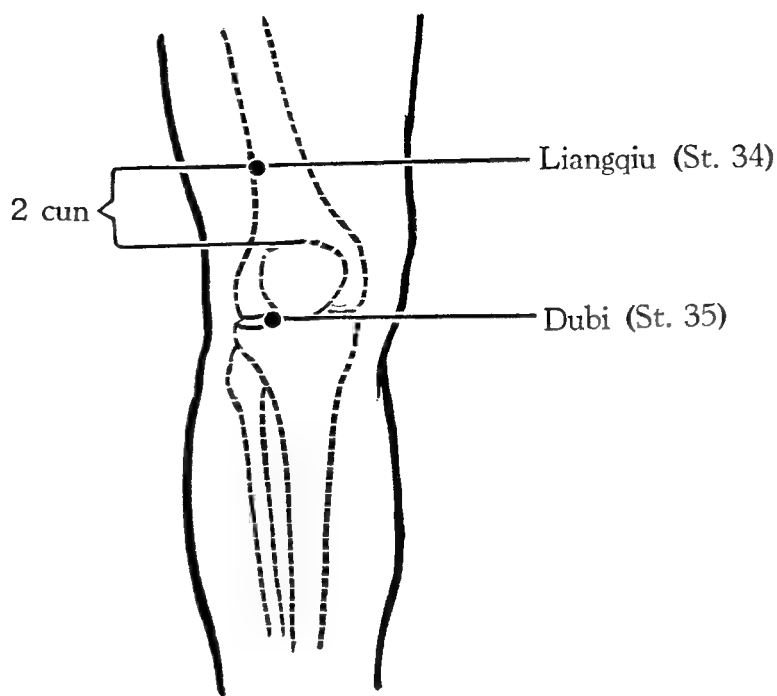


Fig. 52

Indications: Gastralgia, nausea and vomiting, abdominal distention, constipation, bacillary dysentery, enteritis and diseases of the digestive tract. Also for general tonic purposes.

Puncture: Perpendicularly 1.0-1.5 inches.

37. Shangjuxu (St. 37):

Location: 6 cun below Dubi (St. 35); one finger breadth from the anterior crest of the tibia. (See Fig. 53.)

Indications: Abdominal pain, diarrhea, appendicitis, paralysis of lower extremities.

Puncture: Same as Zusanli (St. 36).

38. Tiaokou (St. 38):

Location: 8 cun below the knee; 2 cun below Shangjuxu (St. 37). (See Fig. 53.)

Indications: Paralysis or aching of lower extremities, gastric and abdominal pain, peri-arthritis of shoulder.

Puncture: Perpendicularly 1.0-1.5 inches.

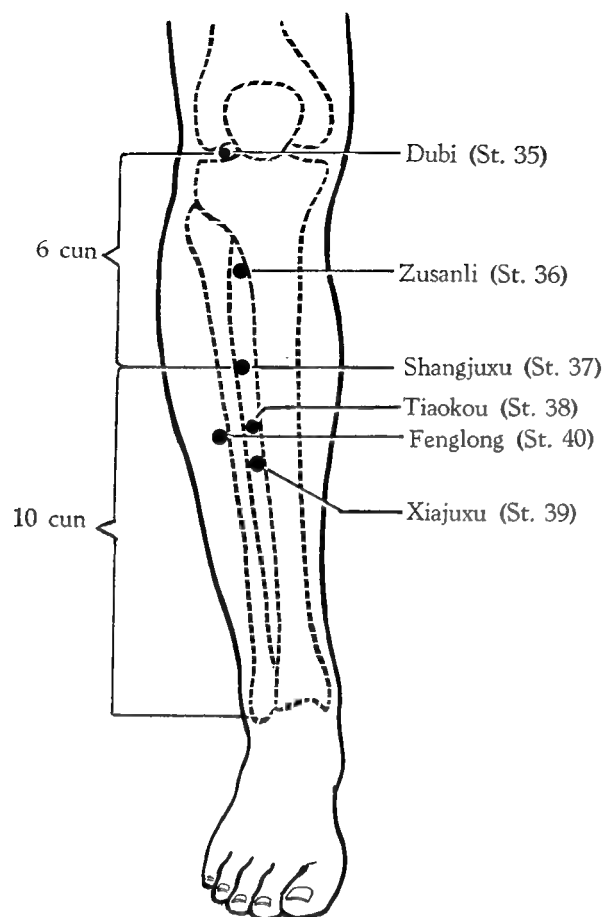


Fig. 53

39. Xiajuxu (St. 39):

Location: 3 cun directly below Shangjuxu (St. 37). (See Fig. 53.)

Indications: Paralysis of lower extremities, abdominal pain.

Puncture: Perpendicularly 1.0 inch.

40. Fenglong (St. 40):

Location: 8 cun below the knee; one finger breadth lateral to Tiaokou (St. 38). (See Fig. 53.)

Indications: Cough, excessive sputum, dizziness and vertigo, schizophrenia, epilepsy, paralysis and numbness of lower extremities, hemiplegia, dyspepsia.

Puncture: Perpendicularly 1.0-1.5 inches.

41. Jiexi (St. 41):

Location: On the midpoint of dorsum of foot at the transverse malleolus crease, between the tendons of m. extensor digitorum longus and hallucis longus. (See Fig. 54.)

Indications: Paralysis of lower extremities, disorders of the malleolus joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.3-0.5 inch.

42. Chongyang (St. 42):

Location: 1.5 cun distal to Jiexi (St. 41), at the highest spot of dorsum of foot, artery can be palpated.

Indications: Pain in dorsum of foot, paralysis of lower extremities, toothache, gingivitis, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch, avoiding artery.

43. Xianggu (St. 43):

Location: In the depression distal to the junction of the 2nd and 3rd metatarsal bones.

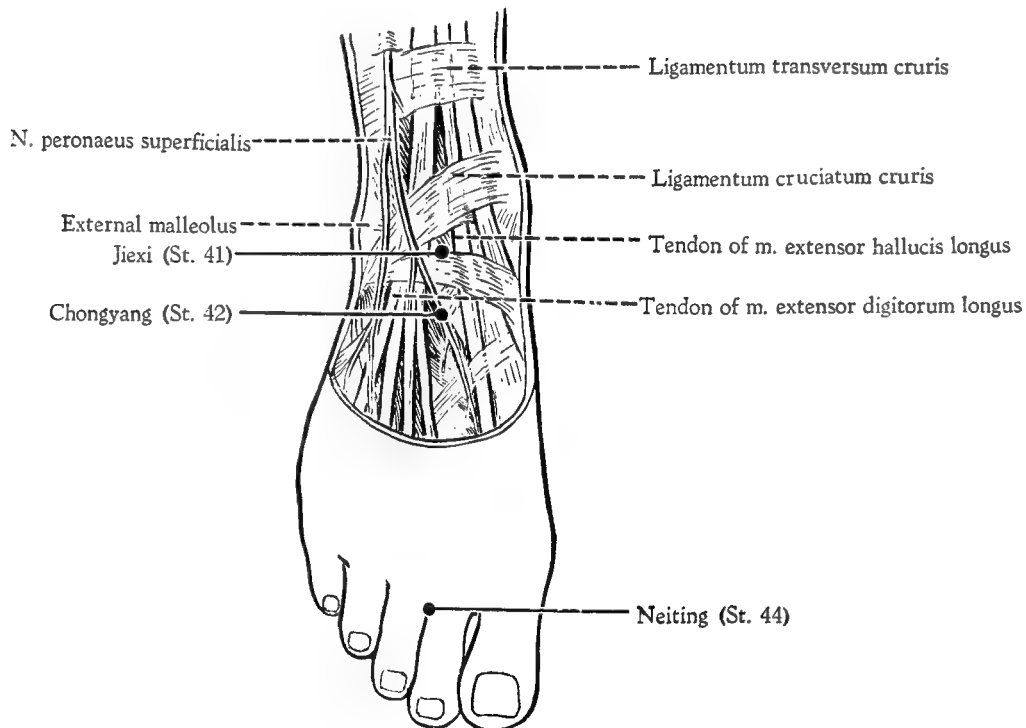


Fig. 54

Indications: Facial swelling, edema, borborygmus, abdominal pain, pain and swelling of dorsum of foot, tonsillitis, dysentery.

Puncture: Perpendicularly 0.3-0.5 inch.

44. Neiting (St. 44):

Location: 0.5 cun proximal to the web margin between the 2nd and 3rd toes. (See Fig. 54.)

Indications: Gastralgia, headache, tonsillitis, dysentery, toothache.

Puncture: Perpendicularly 0.3-0.5 inch.

45. Lidui (St. 45):

Location: On the lateral side of the tip of the 2nd toe, 0.1 cun posterior to the corner of nail.

Indications: Febrile diseases, dream-disturbed sleep, epilepsy.

Puncture: Obliquely 0.1 inch.

(4) THE SPLEEN CHANNEL OF FOOT-TAIYIN

— 21 Points —

1. Yinbai (Sp. 1):

Location: On the medial side of the great toe, 0.1 cun posterior to the corner of nail. (See Fig. 56.)

Indications: Abdominal distention, irregular menstruation, insomnia, dream-disturbed sleep, mental disorder.

Puncture: Perpendicularly 0.1 inch.

2. Dadu (Sp. 2):

Location: On the medial side of the great toe, anterior and inferior to the 1st metatarso-phalangeal joint, at the junction of the "red and white" skin. (See Fig. 56.)

Indications: Abdominal distention, abdominal pain, high fever, hypohydrosis.

Puncture: Perpendicularly 0.3-0.5 inch.

3. Taibai (Sp. 3):

Location: At the medial aspect of foot, posterior and inferior to the head of the first metatarsal bone, at the junction of the "red and white" skin. (See Fig. 56.)

Indications: Gastralgia, abdominal distention, dysentery, constipation, vomiting and diarrhea.

Puncture: Perpendicularly 0.3-0.5 inch.

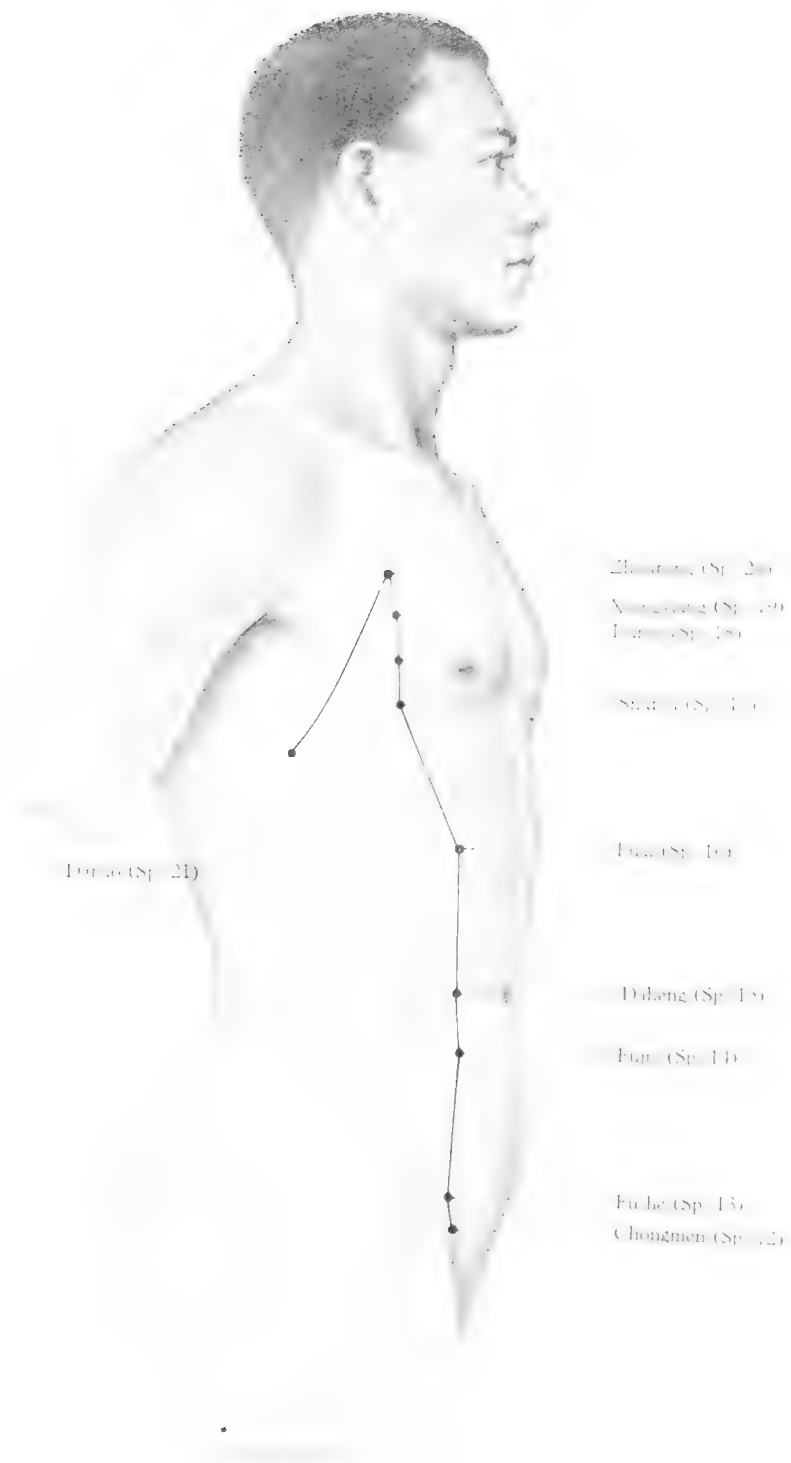


Fig. 55a. The Spleen Channel of Foot-Taiyin

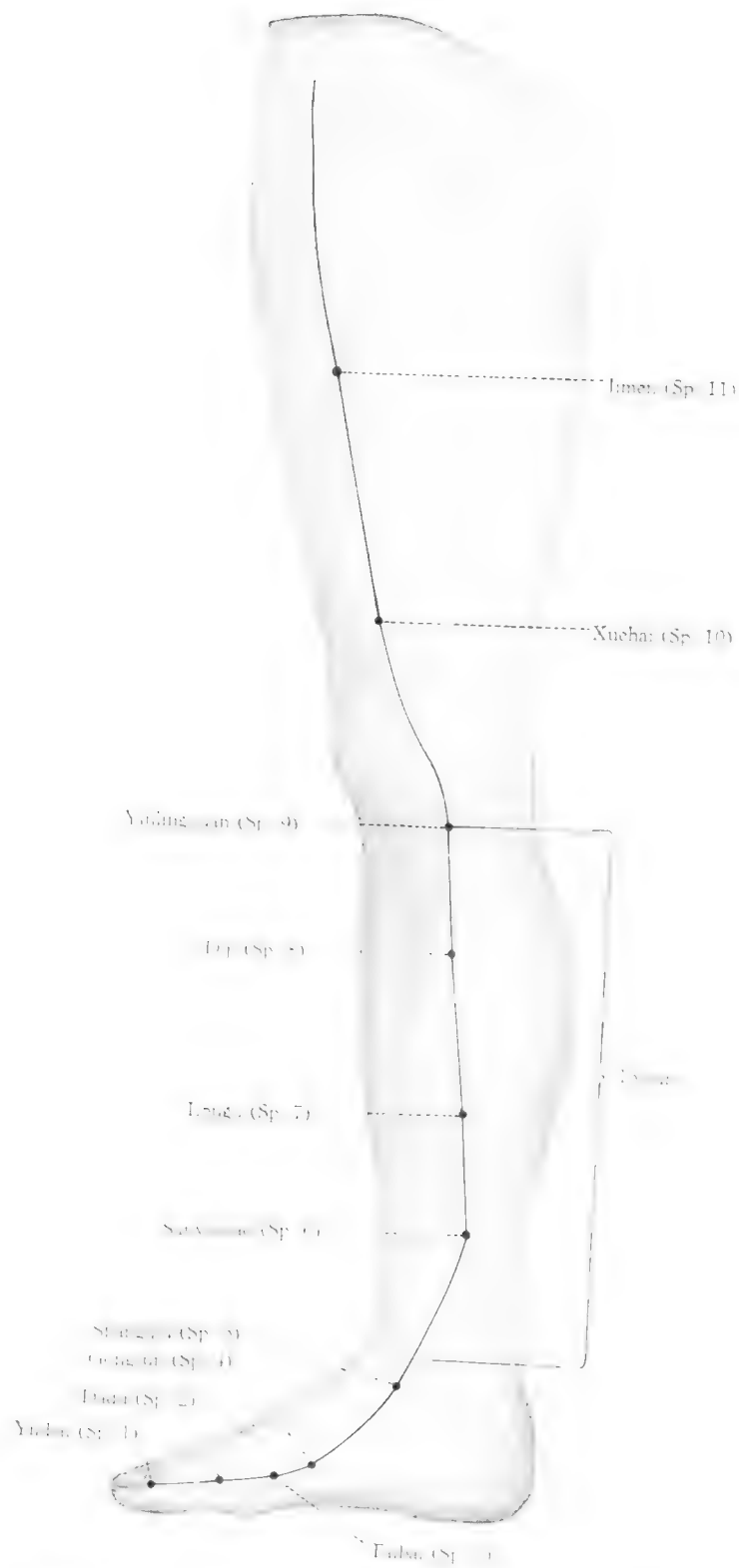


Fig. 55b. The Spleen Channel of Foot-Taiyin

4. Gongsun (Sp. 4):

Location: On the medial aspect of foot, in a depression at the anterior and inferior border of 1st metatarsal bone, at the junction of the "red and white" skin. (See Fig. 56.)

Indications: Gastralgia, dyspepsia, vomiting, diarrhea, menorrhagia.

Puncture: Perpendicularly 0.5-1.0 inch.

5. Shangqiu (Sp. 5):

Location: Draw a straight line along the anterior and the inferior border of the medial malleolus respectively. The point is where the two lines cross. (See Fig. 56.)

Indications: Gastritis, enteritis, dyspepsia, pain in the ankle joint.

Puncture: Perpendicularly 0.3-0.5 inch.

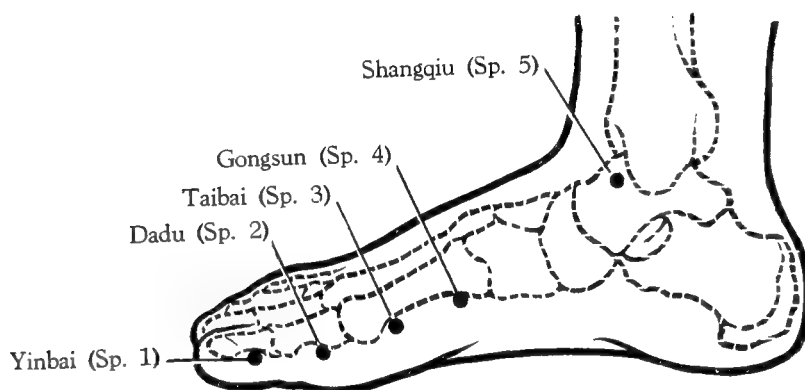


Fig. 56

6. Sanyinjiao (Sp. 6):

Location: 3 cun above the tip of the medial malleolus just posterior to the tibial border. (See Fig. 57.)

Indications: Borborygmus, abdominal distention, loose stool, irregular menstruation, nocturnal emission, impotence, spermatorrhea, orchitis, enuresis, frequency of urination, retention of urine, hemiplegia, neurasthenia.

Puncture: Perpendicularly 0.5-1.2 inches or insert needle towards Xuanzhong (G.B. 39).

7. Lougu (Sp. 7):

Location: 3 cun in the depression above Sanyinjiao (Sp. 6) at the posterior border of the tibia. (See Fig. 57.)

Indications: Abdominal distention, borborygmus, numbness and chilliness of leg and knee.

Puncture: Perpendicularly 1.0-1.5 inches.

8. Diji (Sp. 8):

Location: 3 cun below Yinlingquan (Sp. 9) at the posterior border of the tibia. (See Fig. 57.)

Indications: Lumbago, abdominal distention, menorrhagia or menorrhagia.

Puncture: Perpendicularly 1.0-1.2 inches.

9. Yinlingquan (Sp. 9):

Location: In the depression on the lower border of the medial condyle of the tibia, on a level with the tuberosity of the tibia. (See Fig. 57.)

Indications: Abdominal distention, edema, dysuria, enuresis, nocturnal emission, irregular menstruation, dysentery.

Puncture: Perpendicularly 1.0-1.5 inches; or, penetrate towards Yanglingquan (G.B. 34).

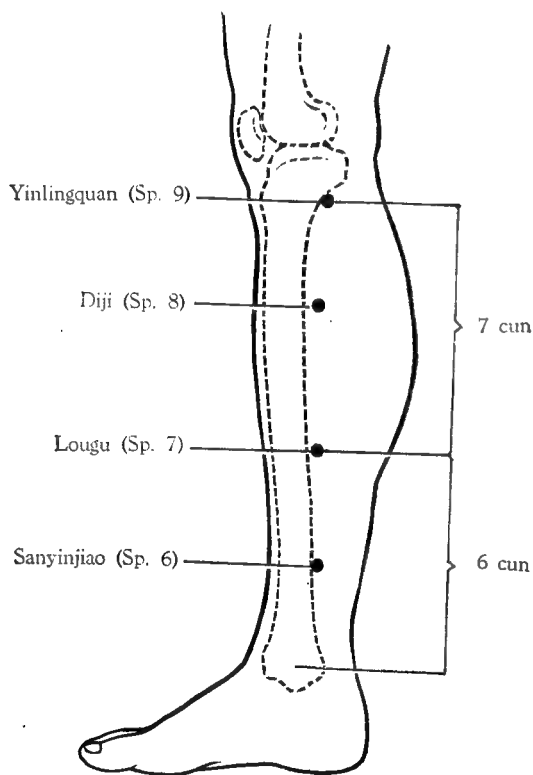


Fig. 57

10. Xuehai (Sp. 10):

Location: 2 cun above the superior border of the patella, at the middle of the bulge of the m. vastus medialis. (See Fig. 58.)

A simple way to locate the point is to sit opposite the patient with your right palm over the patient's left patella; the point is where the tip of your thumb rests. (See Fig. 58.)

Indications: Irregular menstruation, functional uterine bleeding, urticaria.

Puncture: Perpendicularly 1.0-1.5 inches.

11. Jimen (Sp. 11):

Location: 6 cun above Xuehai (Sp. 10), medial to m. sartorius. (See Fig. 55.)

Indications: Dysuria, enuresis, inflammation of the inguinal lymph nodes.

Puncture: Perpendicularly 1.0-1.5 inches, avoiding artery.

12. Chongmen (Sp. 12):

Location: On the lateral side of the femoral artery, 3.5 cun lateral to the midpoint of the superior border of the pubic symphysis.

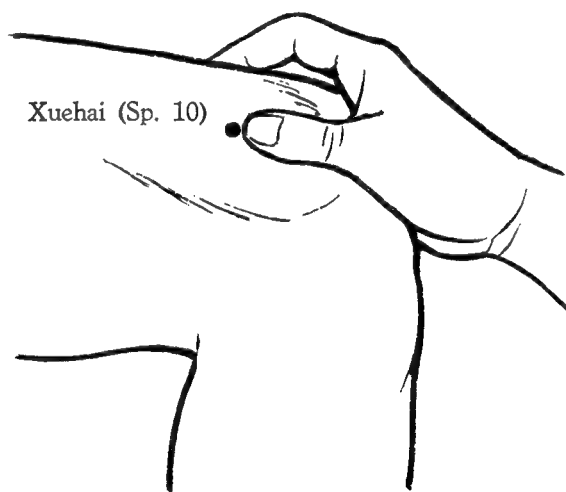


Fig. 58

Indications: Orchitis, spermatitis, endometritis, hernia.
Puncture: Perpendicularly 0.7-1.0 inch, avoiding artery.

13. Fushe (Sp. 13):

Location: 0.7 cun above Chongmen (Sp. 12); 4 cun lateral to abdominal midline.

Indications: Abdominal pain, hernia, appendicitis, constipation.

Puncture: Perpendicularly 0.7-1.0 inch.

14. Fujie (Sp. 14):

Location: 1.3 cun below Daheng (Sp. 15); 4 cun lateral to abdominal midline.

Indications: Peri-umbilical pain, hernia, diarrhea.

Puncture: Perpendicularly 0.7-1.0 inch.

15. Daheng (Sp. 15):

Location: 4 cun lateral to umbilicus, directly below the nipple, on the lateral side of m. rectus abdominis. (See Fig. 55.)

Indications: Abdominal pain, dyspepsia, constipation, intestinal paralysis, diarrhea, intestinal parasitosis.

Puncture: Perpendicularly 0.7-1.0 inch.

16. Fuai (Sp. 16):

Location: 3 cun above Daheng (Sp. 15), 4 cun lateral to Jianli (Ren 11).

Indications: Abdominal pain, dyspepsia, constipation, dysentery.

Puncture: Perpendicularly 0.7-1.0 inch.

17. Shidou (Sp. 17):

Location: In the 5th intercostal space, 6 cun lateral to abdominal midline.

Indications: Pain and distention of chest and hypochondriac region.

Puncture: Obliquely 0.5-0.8 inch.

18. Tianxi (Sp. 18):

Location: In the 4th intercostal space, 6 cun lateral to the abdominal midline.

Indications: Thoracalgia, cough, mastitis, deficient lactation.

Puncture: Obliquely 0.5-0.8 inch.

19. Xiongxiang (Sp. 19):

Location: In the 3rd intercostal space, 6 cun lateral to the thoracic midline.

Indications: Pain and distention of chest, costal and hypochondriac region.

Puncture: Obliquely 0.5-0.8 inch.

20. Zhourong (Sp. 20):

Location: In the 2nd intercostal space, 6 cun lateral to the abdominal midline.

Indications: Pain and distention of chest, costal and hypochondriac region, cough.

Puncture: Obliquely 0.5-0.8 inch.

21. Dabao (Sp. 21):

Location: On the midaxillary line, in the 6th intercostal space. (See Fig. 91.)

Indications: Pain in chest, costal and hypochondriac region, dyspnea, general aching, weakness of limbs.

Puncture: Obliquely 0.5-0.8 inch.

(5) THE HEART CHANNEL OF HAND-SHAOYIN

— 9 Points —

1. Jiquan (H. 1):

Location: At the centre of the axilla, on the medial side of the axillary artery. (See Fig. 59.)

Indications: Pain in arm, paralysis of upper extremities, deficient lactation, pain in the cardiac region, disorder of shoulder joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.5-1.0 inch.

2. Qingling (H. 2):

Location: 3 cun above the elbow, in the groove medial to m. biceps brachii.

Indications: Pain in the costal and hypochondriac region, shoulder and arm.

Puncture: Perpendicularly 0.5-1.0 inch.

3. Shaohai (H. 3):

Location: Between the medial end of the transverse cubital crease and the medial epicondyle of the humerus when elbow is bent. (See Fig. 60.)

Indications: Numbness of hand and arm, tremor of forearm, angina pectoris, disorders of the cubital joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.5-1.0 inch.

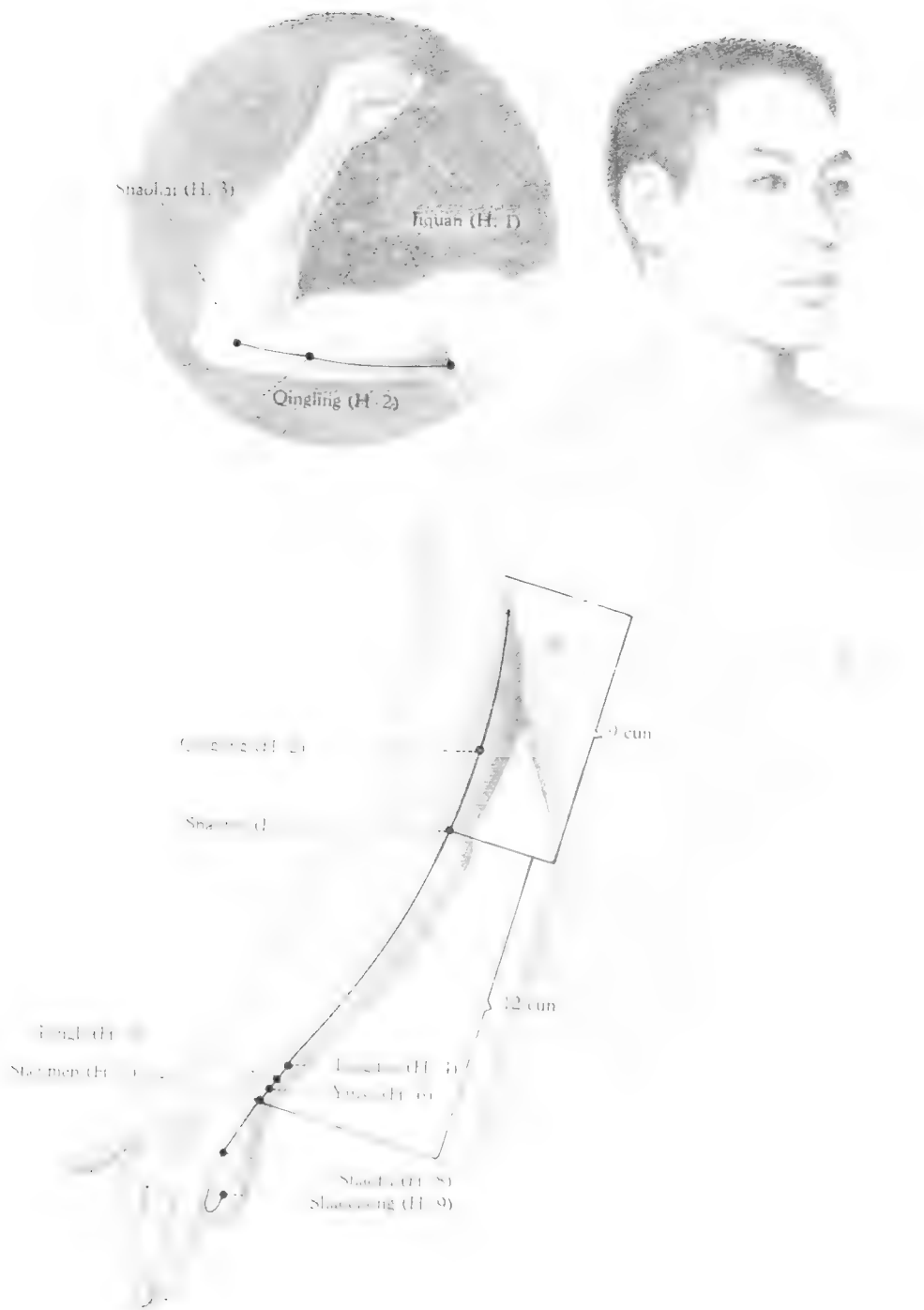


Fig. 59. The Heart Channel of Hand-Shaoyin

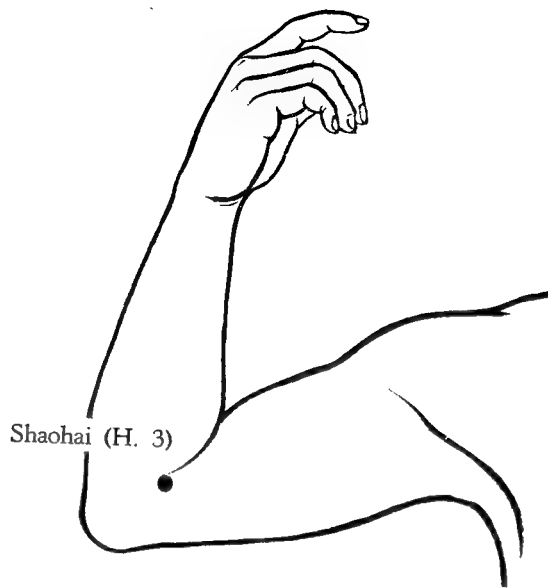


Fig. 60

4. Lingdao (H. 4):

Location: On the ulnar aspect proximal to the wrist, on the radial side of the tendon of m. flexor carpi ulnaris, 1.5 cun above Shenmen (H. 7). (See Fig. 61.)

Indications: Angina pectoris, ulnar neuralgia, pain in joints, hysteria.

Puncture: Perpendicularly 0.3-0.5 inch.

5. Tongli (H. 5):

Location: On the ulnar side of the wrist, on the radial side of the tendon of m. flexor carpi ulnaris, 1 cun above Shenmen (H. 7). (See Fig. 61.)

Indications: Sudden hoarseness of voice, aphasia, stiffness of tongue, insomnia, palpitation, pain in wrist and arm.

Puncture: Perpendicularly 0.3-0.5 inch.

6. Yinxi (H. 6):

Location: On the ulnar side of the wrist, on the radial side of the tendon of m. flexor carpi ulnaris, 0.5 cun above Shenmen (H. 7). (See Fig. 61.)

Indications: Neurasthenia, angina pectoris, palpitation, night sweating.

Puncture: Perpendicularly 0.3-0.5 inch.

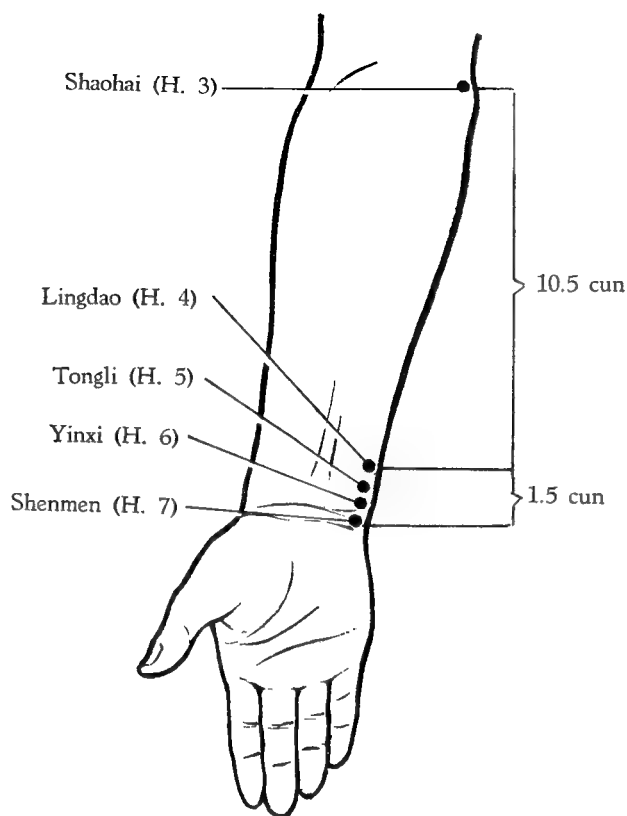


Fig. 61

7. Shenmen (H. 7):

Location: On the ulnar side of the wrist, on the posterior border of the pisiform bone, in the depression at the radial side of the tendon of m. flexor carpi ulnaris. (See Fig. 61.)

Indications: Dream-disturbed sleep, insomnia, anxiety, palpitation, hysteria.

Puncture: Perpendicularly 0.3-0.5 inch, or insert needle along lateral border of m. flexor carpi ulnaris and lower border of the pisiform bone towards the radial side perpendicularly 0.3-0.5 inch.

8. Shaofu (H. 8):

Location: In the palmar surface, between the 4th and 5th metacarpal bones, just between the ring and small fingers when making a fist. (See Fig. 62.)

Indications: Palpitation, thoracalgia, pruritus vulvae, dysuresis, enuresis, elevated temperature in palm of hand.

Puncture: Perpendicularly 0.3-0.5 inch.

9. Shaochong (H. 9):

Location: On the radial side of the tip of the small finger, about 0.1 cun posterior to the corner of nail. (See Fig. 62.)

Indications: Palpitation, thoracalgia, apoplexy, coma.

Puncture: Perpendicularly 0.1 inch.

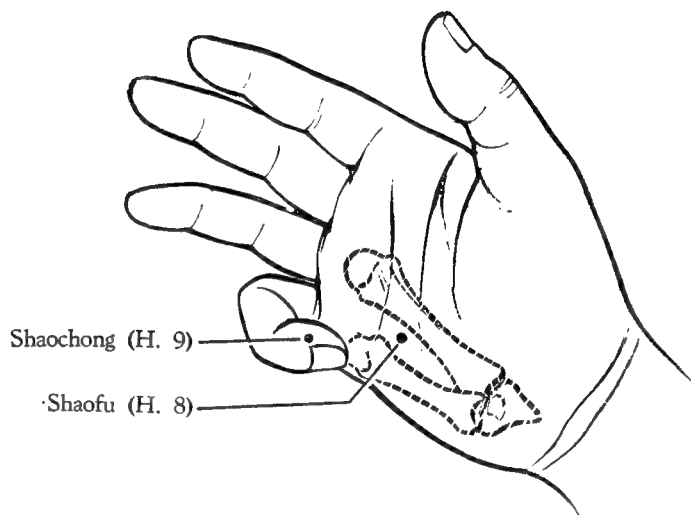


Fig. 62

(6) THE SMALL INTESTINE CHANNEL OF HAND-TAIYANG

— 19 Points —

1. Shaoze (S.I. 1):

Location: At the ulnar side of the small finger, about 0.1 cun posterior to the corner of the nail. (See Fig. 64.)

Indications: Headache, eye diseases, mastitis, deficient lactation.

Puncture: Perpendicularly 0.1 inch.

2. Qianggu (S.I. 2):

Location: In the depression anterior to the ulnar side of the 5th metacarpo-phalangeal joint. When a fist is formed, it is on the junction of the "red and white" skin of the transverse crease distal to the metacarpo-phalangeal joint.

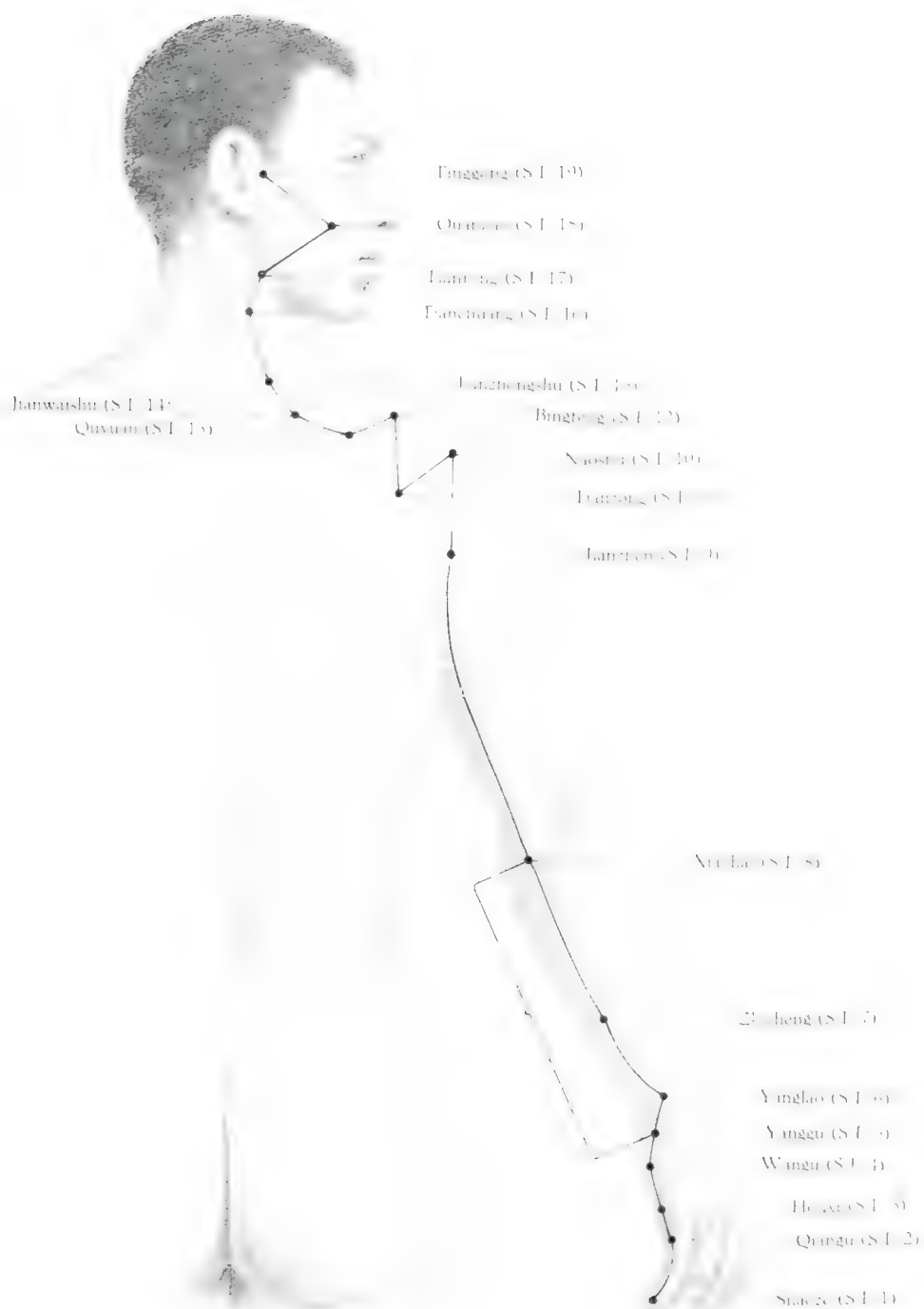


Fig 63. The Small Intestine Channel of Hand-Taiyang

Indications: Pain in the arm, numbness of the fingers, febrile diseases, eye diseases, tinnitus.

Puncture: Perpendicularly 0.2-0.3 inch.

3. Houxi (S.I. 3):

Location: At the end of the transverse crease proximal to the 5th metacarpo-phalangeal joint when hand is half clenched. (See Fig. 64.)

Indications: Stiffness or rigidity of neck, tinnitus, deafness, occipital headache, lumbago, paralysis of upper extremities, night sweating, epilepsy, malaria.

Puncture: Perpendicularly 0.5-1.0 inch.

4. Hand-Wangu (S.I. 4):

Location: At the ulnar side of the border of the palm in the depression between the base of the 5th metacarpal bone and the trigonal bone.

Indications: Arthritis of the elbow, wrist and finger joints, headache, tinnitus, vomiting, cholecystitis.

Puncture: Perpendicularly 0.3-0.5 inch.

5. Yanggu (S.I. 5):

Location: At the ulnar side of the wrist in the depression between the styloid process of the ulna and the pisiform bone.

Indications: Swelling of the neck and submaxillary region, pain in the lateral aspect of the arm and wrist, mental disorder, deafness, tinnitus.

Puncture: Perpendicularly 0.3-0.5 inch.

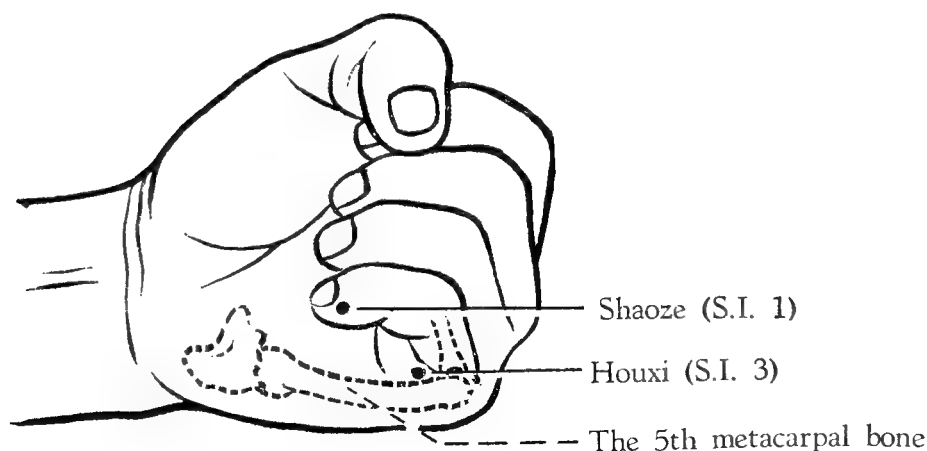


Fig. 64

6. Yanglao (S.I. 6):

Location: Flex elbow with palm placed on the chest; the point is on the bony cleft on the radial aspect of the styloid process of the ulna. (See Fig. 65.)

Indications: Failing eyesight, paralysis of upper extremities, pain in the wrist and back.

Puncture: 1.0-1.2 inches obliquely towards Neiguan (P. 6).

7. Zhizheng (S.I. 7):

Location: 5 cun proximal to the wrist, on the line connecting Yanggu (S.I. 5) with Xiaohai (S.I. 8).

Indications: Rigidity or stiffness of neck, pain in elbow, arm and fingers, mental disorder.

Puncture: Perpendicularly 0.5-0.8 inch.

8. Xiaohai (S.I. 8):

Location: In the posterior aspect of the cubital joint, in a depression between the olecranon of the ulna and tip of the medial epicondyle of the humerus. (See Fig. 66.) Flex elbow to locate the point.

Indications: Pain in the small finger, elbow joint, shoulder and back.

Puncture: Perpendicularly 0.3-0.5 inch.

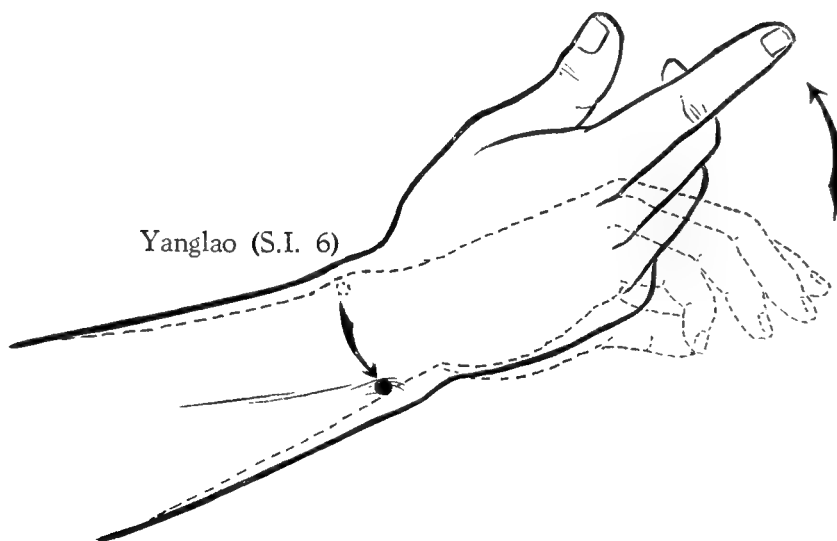


Fig. 65



Xiaohai (S.I. 8)

Fig. 66

9. Jianzhen (S.I. 9):

Location: With arm at the side, the point is 1.0 cun superior to the posterior axillary fold. (See Fig. 67.)

Indications: Pain in arm, paralysis of the upper extremities, disorders of the shoulder joint and its surrounding soft tissue.

Puncture: Perpendicularly 1.0-1.5 inches.

10. Naoshu (S.I. 10):

Location: With arm at the side, it is directly above the posterior axillary fold, on the lower border of the scapular spine. (See Fig. 67.)

Indications: Pain and weakness of shoulder and arm.

Puncture: Perpendicularly 1.0-1.2 inches slightly towards lateral aspect.

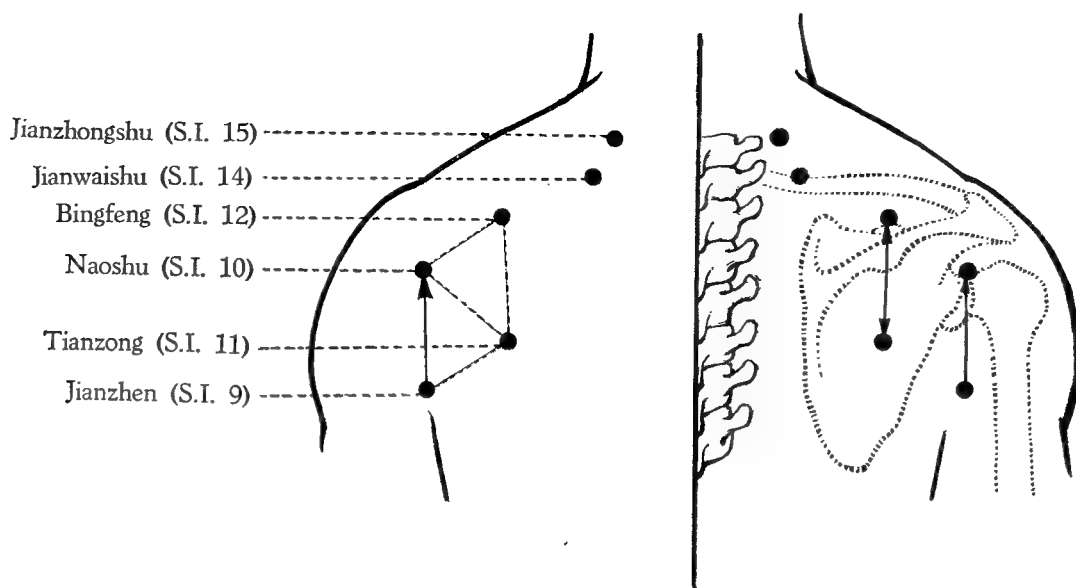


Fig. 67

11. Tianzong (S.I. 11):

Location: It is in the centre of the infrascapular fossa forming a bilateral triangle with Naoshu (S.I. 10) and Jianzhen (S.I. 9). (See Fig. 67.)

Indications: Pain in the shoulder and the postero-lateral aspect of the elbow and arm.

Puncture: Perpendicularly 0.5-1.0 inch.

12. Bingfeng (S.I. 12):

Location: In the centre of the suprascapular fossa, directly above Tianzong (S.I. 11). A depression is formed when the arm is lifted. (See Fig. 67.)

Indications: Pain in the shoulder joint, numbness and aching of upper extremities.

Puncture: Obliquely 0.5-1.0 inch.

13. Quyuan (S.I. 13):

Location: On the medial end of the suprascapular fossa, midway between Naoshu (S.I. 10) and the spinous process of the 2nd thoracic vertebra.

Indications: Pain and contracture of shoulder joint.

Puncture: Obliquely 0.5-1.0 inch.

14. Jianwaishu (S.I. 14):

Location: 3 cun lateral to the lower border of the spinous process of the 1st thoracic vertebra (Taodao, Du 13), on the vertical line drawn from the vertebral border of the scapula. (See Fig. 67.)

Indications: Aching of scapular joint, stiffness and pain of neck.

Puncture: Obliquely 0.5-1.0 inch.

15. Jianzhongshu (S.I. 15):

Location: 2 cun lateral to the lower border of the spinous process of the 7th cervical vertebra (Dazhui, Du 14). (See Fig. 67.)

Indications: Pain in shoulder and back, stiffness and pain of neck, bronchitis, asthma.

Puncture: Obliquely 0.5-1.0 inch.

16. Tianchuang (S.I. 16):

Location: On the posterior border of the m. sterno-cleido-mastoideus, 0.5 cun posterior to Neck-Futu (L.I. 18).

Indications: Deafness, tinnitus, sore throat, rigidity and stiffness of neck.

Puncture: Perpendicularly 0.5-1.0 inch.

17. Tianrong (S.I. 17):

Location: Posterior to the angle of jaw on the anterior border of m. sterno-cleido-mastoideus. (See Fig. 68.)

Indications: Tonsillitis, sore throat, aphasia.

Puncture: Perpendicularly 1.0-1.5 inches.

18. Quanliao (S.I. 18):

Location: Directly below the outer canthus, in the depression below the lower border of the zygomatic bone. (See Fig. 69.)

Indications: Facial paralysis, toothache, trigeminal neuralgia.

Puncture: Perpendicularly 0.3-0.5 inch.

19. Tinggong (S.I. 19):

Location: In the depression shown between the tragus and mandibular joint when the mouth is slightly opened. (See Fig. 69.)

Indications: Tinnitus, deafness, otalgia.

Puncture: Perpendicularly 0.5-1.5 inches.

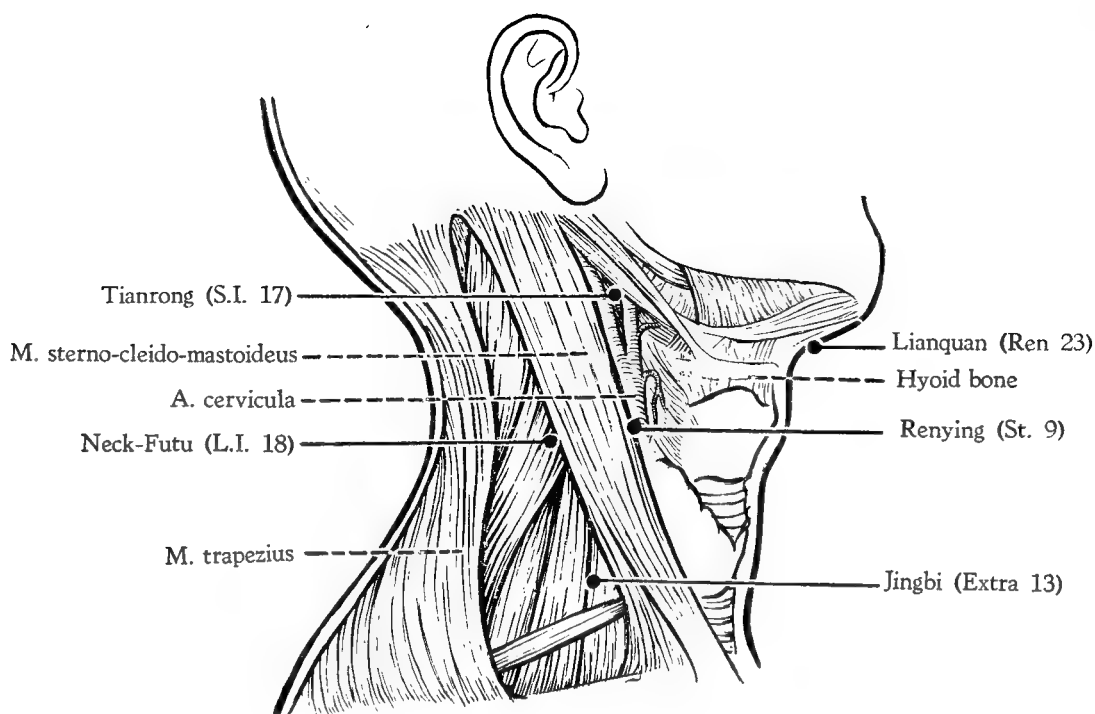


Fig. 68

(7) THE URINARY BLADDER CHANNEL OF FOOT-TAIYANG

— 67 Points —

1. Jingming (U.B. 1):

Location: 0.1 cun lateral and superior to the inner canthus, near the medial orbital border. (See Fig. 45.)

Indications: Eye diseases, facial paralysis.

Puncture: Perpendicularly 0.5-1.0 inch along the orbital wall. Insert needle slowly without manipulating it. Or puncture superficially 0.2-0.3 inch.

2. Zanzhu (U.B. 2):

Location: In the depression proximal to the medial end of the eyebrow, directly above inner canthus. (See Fig. 45.)

Indications: Headache, eye diseases, facial paralysis.

Puncture: 0.3-0.5 inch horizontally subcutaneously, downward or laterally.

3. Meichong (U.B. 3):

Location: Directly above Zanzhu (U.B. 2), 0.5 cun inside the hairline.

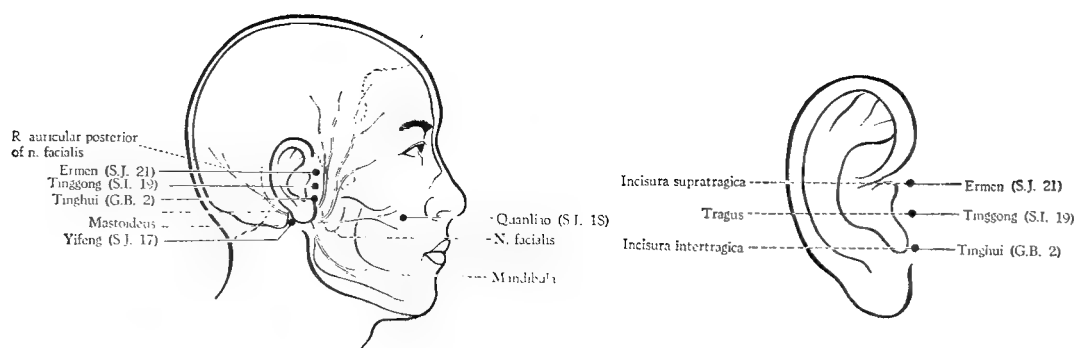


Fig. 69

Indications: Headache, lacrimation, redness and swelling of eye, blurring of vision, leucoma.

Puncture: Obliquely 0.3-0.5 inch.

4. Quchai (U.B. 4):

Location: 1.5 cun lateral to Shenting (Du 24) 0.5 cun inside the hairline.

Indications: Frontal headache, nasal obstruction, epistaxis.

Puncture: Obliquely 0.3-0.5 inch.

5. Wuchu (U.B. 5):

Location: 0.5 cun above Quchai (U.B. 4).

Indications: Headache, epilepsy.

Puncture: Obliquely 0.3-0.5 inch.

6. Chengguang (U.B. 6):

Location: 1.5 cun posterior to Wuchu (U.B. 5).

Indications: Headache, dizziness, leucoma, common cold.

Puncture: Obliquely 0.3-0.5 inch.

7. Tongtian (U.B. 7):

Location: 1.5 cun posterior to Chengguang (U.B. 6).

Indications: Vertical headache, sinusitis, rhinitis.

Puncture: Obliquely 0.3-0.5 inch.

8. Luoque (U.B. 8):

Location: 1.5 cun posterior to Tongtian (U.B. 7).

Indications: Rhinitis, epistaxis, vertical headache, chronic bronchitis.

Puncture: Obliquely 0.3-0.5 inch.

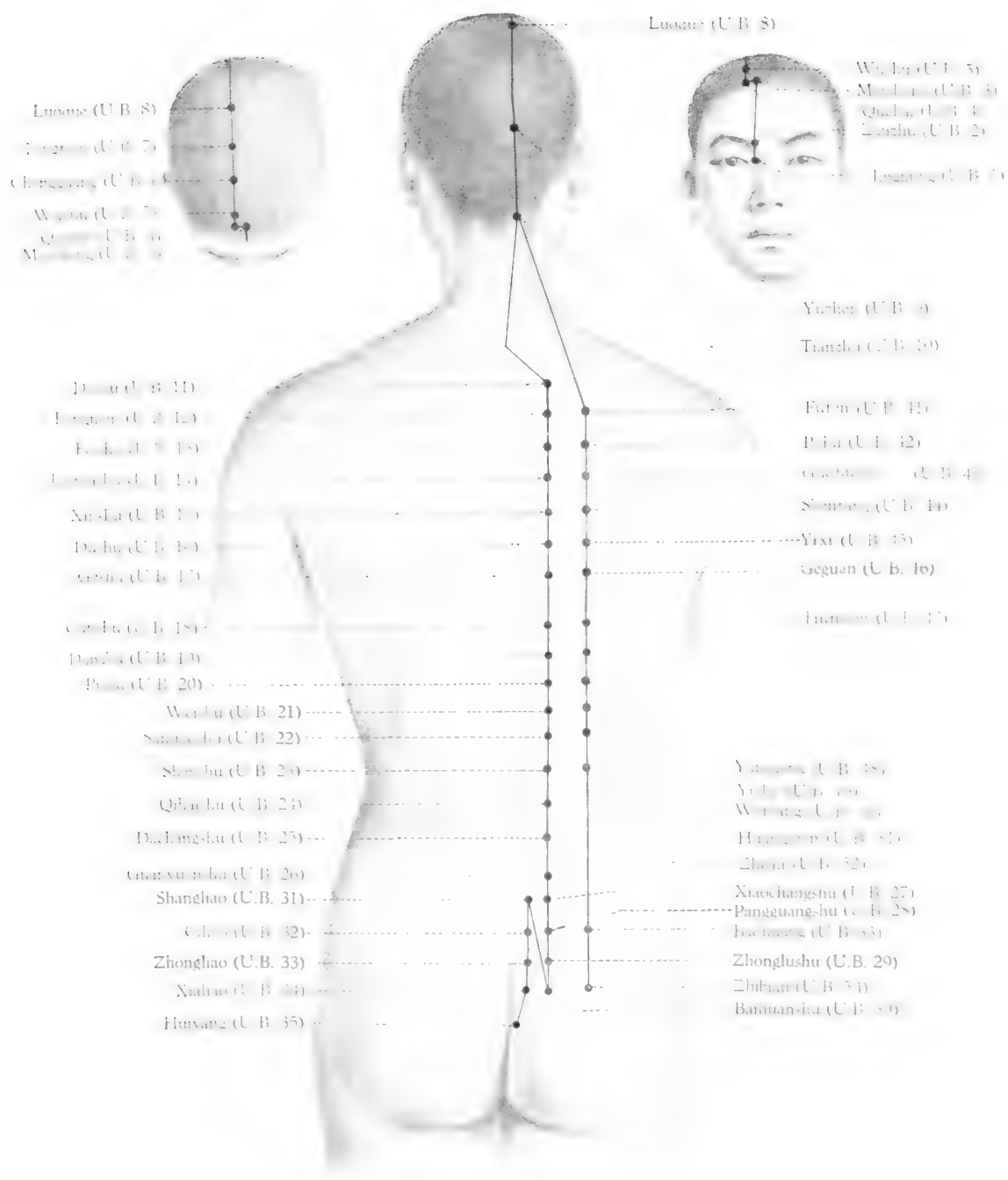


Fig. 70a. The Urinary Bladder Channel of Foot-Taiyang

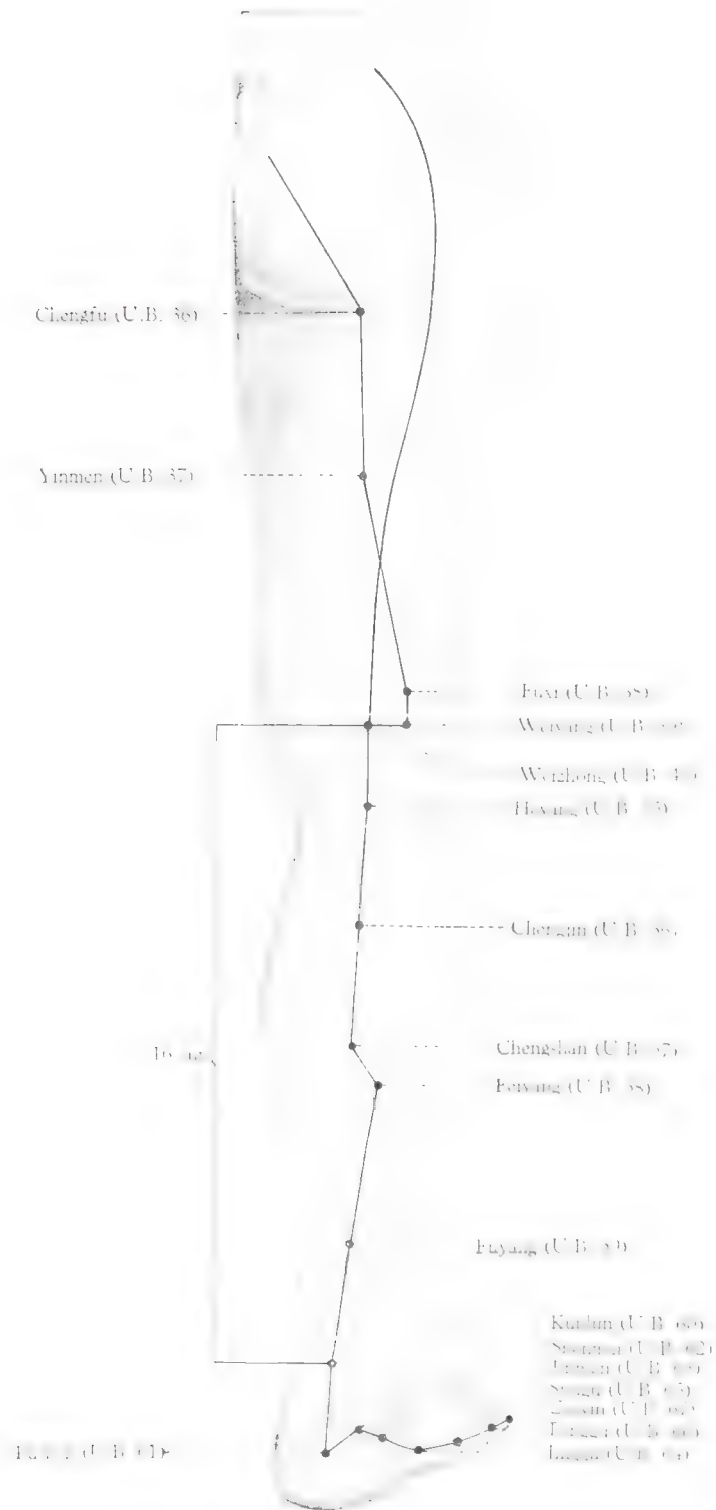


Fig. 70b. The Urinary Bladder Channel of Foot-Taiyang

9. Yuzhen (U.B. 9):

Location: On the lateral side of the superior border of the external occipital protuberance, 1.3 cun lateral to Naohu (Du 17).

Indications: Dizziness, vertical headache, myopia.

Puncture: Obliquely 0.3-0.5 inch.

10. Tianzhu (U.B. 10):

Location: 1.3 cun lateral to Yamen (Du 15) on the lateral side of m. trapezius. (See Fig. 90.)

Indications: Occipital headache, stiffness and rigidity of neck, insomnia, pharyngitis.

Puncture: Perpendicularly 0.5-1.0 inch.

11. Dashu (U.B. 11):

Location: 1.5 cun lateral to lower border of the spinous process of the 1st thoracic vertebra. (See Fig. 71.)

Indications: Cough, fever, aching of the shoulder joint.

Puncture: Perpendicularly 0.3-0.5 inch.

12. Fengmen (U.B. 12):

Location: 1.5 cun lateral to the lower border of the spinous process of the 2nd thoracic vertebra. (See Fig. 71.)

Indications: Common cold, bronchitis, urticaria.

Puncture: Perpendicularly 0.3-0.5 inch.

13. Feishu (U.B. 13):

Location: 1.5 cun lateral to the lower border of the spinous process of the 3rd thoracic vertebra. (See Fig. 71.)

Indications: Cough, dyspnea, pulmonary tuberculosis, pneumonia, lesion of the soft tissue of the back.

Puncture: Perpendicularly 0.3-0.5 inch.

14. Jueyinshu (U.B. 14):

Location: 1.5 cun lateral to the lower border of the spinous process of the 4th thoracic vertebra.

Indications: Neurasthenia, fullness of chest, thoracalgia, vertical headache, pericarditis, hiccup.

Puncture: Perpendicularly 0.3-0.5 inch.

15. Xinshu (U.B. 15):

Location: 1.5 cun lateral to the lower border of the spinous process of the 5th thoracic vertebra. (See Fig. 71.)

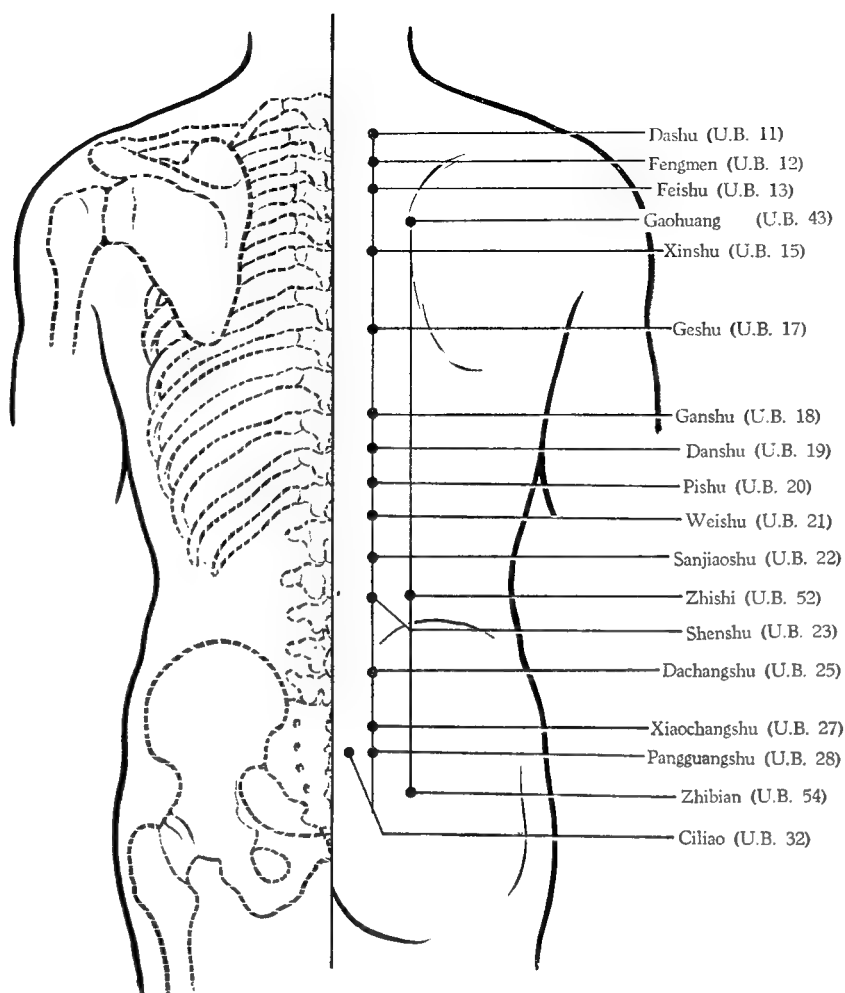


Fig. 71

Indications: Neurasthenia, cardiac diseases, epilepsy, schizophrenia.

Puncture: Perpendicularly 0.3-0.5 inch.

16. Dushu (U.B. 16):

Location: 1.5 cun lateral to the lower border of the spinous process of the 6th thoracic vertebra.

Indications: Endocarditis, borborygmus, abdominal pain, hiccough, falling of hair, pruritus of skin.

Puncture: Perpendicularly 0.3-0.5 inch.

17. Geshu (U.B. 17):

Location: 1.5 cun lateral to the lower border of the spinous process of the 7th thoracic vertebra. (See Fig. 71.)

Indications: Chronic hemorrhagic diseases, anemia, hiccough, neurotic nausea and vomiting, pain in the back, paralysis of diaphragm muscle, urticaria.

Puncture: Perpendicularly 0.3-0.5 inch.

18. Ganshu (U.B. 18):

Location: 1.5 cun lateral to the lower border of the spinous process of the 9th thoracic vertebra. (See Fig. 71.)

Indications: Infective hepatitis, hepatomegaly, cholecystitis, back pain, schizophrenia, dream-disturbed sleep, chronic eye diseases.

Puncture: Perpendicularly 0.3-0.5 inch.

19. Danshu (U.B. 19):

Location: 1.5 cun lateral to the lower border of the spinous process of the 10th thoracic vertebra. (See Fig. 71.)

Indications: Infective hepatitis, cholecystitis, back pain.

Puncture: Perpendicularly 0.3-0.5 inch.

20. Pishu (U.B. 20):

Location: 1.5 cun lateral to the lower border of the spinous process of the 11th thoracic vertebra. (See Fig. 71.)

Indications: Gastric pain, gastric ulcer, dyspepsia, chronic diarrhea, hepatitis, malaria, chronic hemorrhagic diseases, edema, paralysis of m. abdominis.

Puncture: Perpendicularly 0.3-0.5 inch.

21. Weishu (U.B. 21):

Location: 1.5 cun lateral to the lower border of the spinous process of the 12th thoracic vertebra. (See Fig. 71.)

Indications: Gastralgia, gastric ulcer, dyspepsia, nausea and vomiting, gastroparesis, chronic diarrhea, paralysis of m. abdominis.

Puncture: Perpendicularly 0.3-0.5 inch.

22. Sanjiaoshu (U.B. 22):

Location: 1.5 cun lateral to the lower border of the spinous process of the 1st lumbar vertebra. (See Fig. 71.)

Indications: Gastralgia, dyspepsia, enteritis, nephritis, neurasthenia, lumbago, enuresis.

Puncture: Perpendicularly 0.5-1.0 inch.

23. Shenshu (U.B. 23):

Location: 1.5 cun lateral to the lower border of the spinous process of the 2nd lumbar vertebra. (See Fig. 71.)

Indications: Nephritis, enuresis, nocturnal emission, impotence, irregular menstruation, chronic diarrhea, lumbago, deafness, tinnitus.

Puncture: Perpendicularly 1.0-1.5 inches.

24. Qihai (U.B. 24):

Location: 1.5 cun lateral to the lower border of the spinous process of the 3rd lumbar vertebra.

Indications: Lumbago, hemorrhoids.

Puncture: Perpendicularly 1.0-1.5 inches.

25. Dachangshu (U.B. 25):

Location: 1.5 cun lateral to the lower border of the spinous process of the 4th lumbar vertebra. (See Fig. 72.)

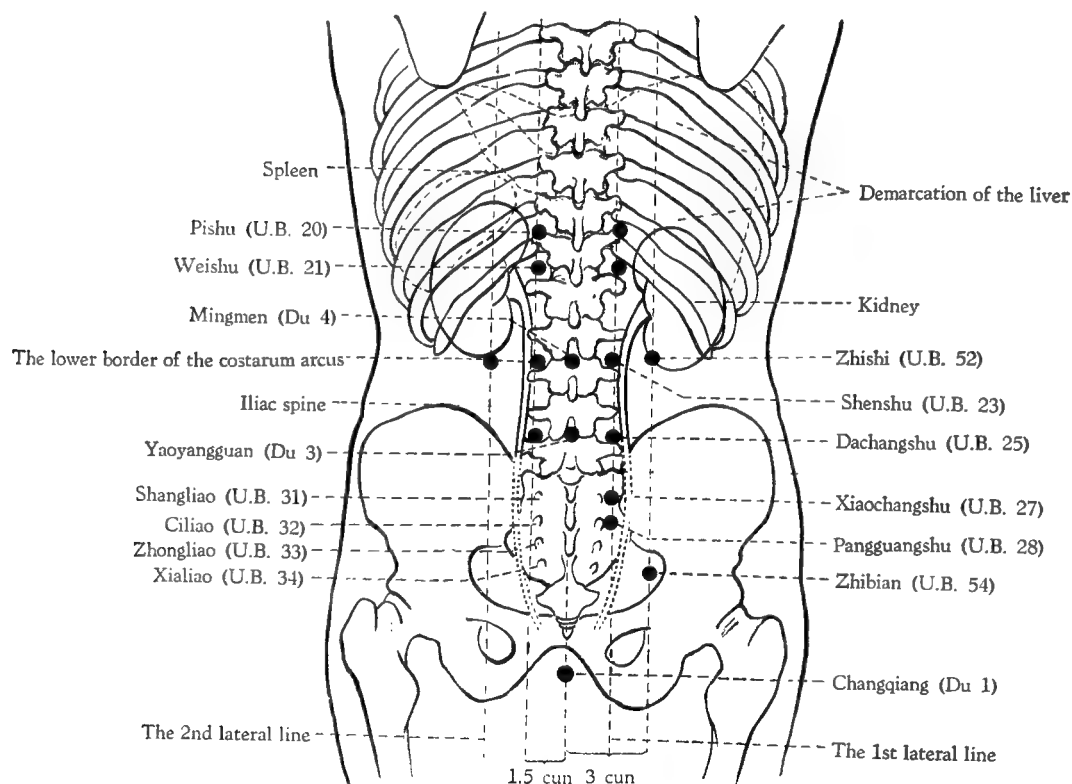


Fig. 72. The Relationship Between the Main Points of the Lumbo-Sacral Region and the Viscera

Indications: Lumbago, sprain of the lumbar region, diarrhea, dysentery, constipation, sciatica, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

26. Guanyuanshu (U.B. 26):

Location: 1.5 cun lateral to the lower border of the spinous process of the 5th lumbar vertebra.

Indications: Lumbago, diarrhea, urogenital diseases.

Puncture: Perpendicularly 1.0-1.5 inches.

27. Xiaochangshu (U.B. 27):

Location: 1.5 cun lateral to the midline of back, level to the 1st posterior sacral foramen, in the depression between the medial border of the posterior superior iliac spine and the sacrum. (See Fig. 71.)

Indications: Lumbago, pain in the lumbo-sacral region, disorder of the ilio-sacral joint, enteritis, hematuria, leukorrhea.

Puncture: Perpendicularly 0.5-1.0 inch.

28. Pangguangshu (U.B. 28):

Location: Level with 2nd posterior sacral foramen, 1.5 cun lateral to Du Mai, in the depression between the lower medial border of the posterior superior iliac spine and the sacrum. (See Fig. 71.)

Indications: Retention of urine, enuresis, pain in the lumbo-sacral region.

Puncture: Perpendicularly 0.5-1.0 inch.

29. Zhonglushu (U.B. 29):

Location: At the level of the 3rd posterior sacral foramen, 1.5 cun lateral to back midline.

Indications: Enteritis, pain in the lumbo-sacral region, sciatica.

Puncture: Perpendicularly 1.0-1.5 inches.

30. Baihuanshu (U.B. 30):

Location: At the level of the 4th posterior sacral foramen, 1.5 cun lateral to back midline.

Indications: Sciatica, sacral neuralgia, endometritis, spermatorrhea, leukorrhea, hernia.

Puncture: Perpendicularly 0.5-1.5 inches.

31. Shangliao (U.B. 31):

Location: In the 1st posterior sacral foramen, about midway between the posterior superior iliac spine and the Du Channel. (See Fig. 73.)

Indications: Orchitis, irregular menstruation, dysuresis and other urogenital diseases, lumbago, sciatica, hemorrhoids, neurasthenia.

Puncture: Perpendicularly 1.0-1.5 inches.

32. Ciliao (U.B. 32):

Location: In the 2nd posterior sacral foramen, about midway between the inferior aspect of the posterior superior iliac spine and the Du Channel. (See Fig. 73.)

Indications: Same as Shangliao (U.B. 31).

Puncture: Same as Shangliao (U.B. 31).

33. Zhongliao (U.B. 33):

Location: In the 3rd posterior sacral foramen, midway between Zhonglushu (U.B. 29) and the Du Channel. (See Fig. 73.)

Indications: Same as Shangliao (U.B. 31).

Puncture: Same as Shangliao (U.B. 31).

34. Xialiao (U.B. 34):

Location: In the 4th posterior sacral foramen, midway between Baihuanshu (U.B. 30) and the Du Channel. (See Fig. 73.)

Indications: Same as Shangliao (U.B. 31).

Puncture: Same as Shangliao (U.B. 31).

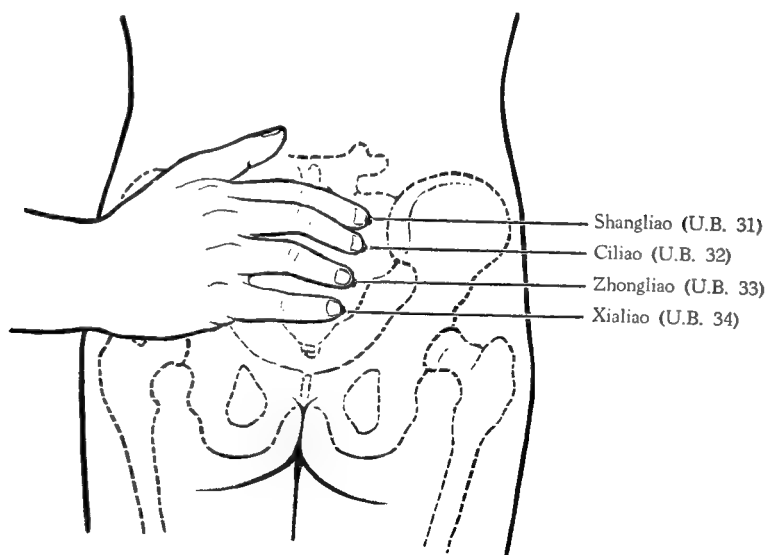


Fig. 73

Note: In locating the above 4 points (U.B. 31, 32, 33, 34) place the tip of the index finger mid-way between Xiaochangshu (U.B. 27) and mid-point of the spinal column with the small finger on the sacral prominence, place the middle finger and ring finger equidistant to each other. The spot of contact of the index finger is Pt. Shangliao (the upper sacral foramen), the spot under the tip of the middle finger is Pt. Ciliao (the 2nd sacral foramen) and that under the ring finger is Pt. Zhongliao (the 3rd sacral foramen), while Pt. Xialiao (the 4th sacral foramen) is under the small finger. (See Fig. 73.)

35. Huiyang (U.B. 35):

Location: Lateral to the lower end of the coccyx, 0.5 cun lateral to midline.

Indications: Back pain during menstruation, leukorrhea, impotence, diarrhea, hemorrhoids.

Puncture: Perpendicularly 1.0-1.5 inches.

36. Chengfu (U.B. 36):

Location: Midpoint of the gluteal fold. (See Fig. 74.)

Indications: Sciatica, paralysis of lower extremities, hemorrhoids.

Puncture: Perpendicularly 1.5-2.0 inches.

37. Yinmen (U.B. 37):

Location: On a line connecting the midpoints of the gluteal transverse crease and the popliteal transverse crease, 6 cun below the former. (See Fig. 74.)

Indications: Sciatica, back pain, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-2.0 inches. The sensation may radiate to the foot.

38. Fuxi (U.B. 38):

Location: 1 cun above Weiyang (U.B. 39).

Indications: Cystitis, constipation, dysuresis, paralysis of lateral aspect of lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

39. Weiyang (U.B. 39):

Location: On the lateral end of the popliteal crease, lateral to Weizhong (U.B. 40), on the medial side of the tendon of m. biceps femoris.

Indications: Spasm of the gastrocnemius, back pain.

Puncture: Perpendicularly 0.5-1.0 inch.

40. Weizhong (U.B. 40):

Location: Exact midpoint of the popliteal transverse crease. (See Fig. 74.)

Indications: Sciatica, back pain, paralysis of lower extremities, disorder of the femoral joint and its surrounding soft tissue, heat stroke.

Puncture: Perpendicularly 0.8-1.5 inches, or prick with cutting needle on the vein and let out blood.

41. Fufen (U.B. 41):

Location: 3 cun lateral to the lower border of the spinous process of the 2nd thoracic vertebra.

Indications: Intercostal neuralgia, numbness of elbow and arm.

Puncture: Obliquely 0.3-0.5 inch.

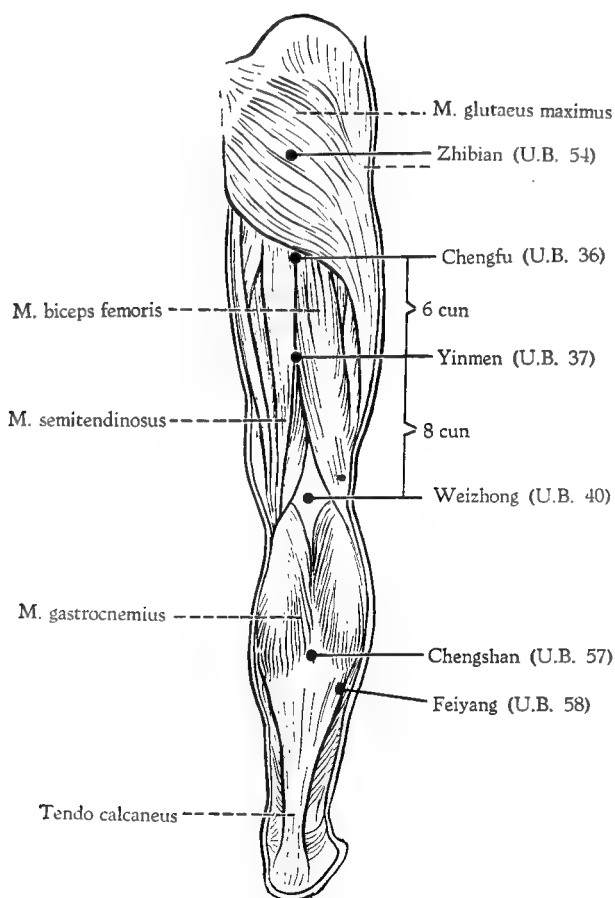


Fig. 74

42. Pohu (U.B. 42):

Location: 3 cun lateral to the lower border of the spinous process of the 3rd thoracic vertebra.

Indications: Bronchitis, asthma, pleuritis, vomiting, shoulder pain, pulmonary tuberculosis.

Puncture: Perpendicularly 0.3-0.5 inch.

43. Gaohuang (U.B. 43):

Location: 3 cun lateral to the lower border of the spinous process of the 4th thoracic vertebra.

Indications: Pulmonary tuberculosis, bronchitis, pleuritis, neurasthenia, general weakness.

Puncture: Perpendicularly 0.3-0.5 inch.

44. Shentang (U.B. 44):

Location: 3 cun lateral to the lower border of the spinous process of the 5th thoracic vertebra.

Indications: Cardiac diseases, bronchitis, asthma, shoulder and back pain.

Puncture: Perpendicularly 0.3-0.5 inch.

45. Yixi (U.B. 45):

Location: 3 cun lateral to the lower border of the spinous process of the 6th thoracic vertebra.

Indications: Pericarditis, intercostal neuralgia, hiccough, vomiting, dizziness and vertigo, asthma.

Puncture: Perpendicularly 0.3-0.5 inch.

46. Geguan (U.B. 46):

Location: 3 cun lateral to the lower border of the spinous process of the 7th thoracic vertebra.

Indications: Intercostal neuralgia, vomiting, hiccough, pain in the spinal column.

Puncture: Perpendicularly 0.3-0.5 inch.

47. Hunmen (U.B. 47):

Location: 3 cun lateral to the lower border of the spinous process of the 9th thoracic vertebra.

Indications: Liver diseases, pleuritis, endocarditis, gastralgia, dyspepsia.

Puncture: Perpendicularly 0.3-0.5 inch.

48. Yanggang (U.B. 48):

Location: 3 cun lateral to the lower border of the spinous process of the 10th thoracic vertebra.

Indications: Diarrhea, borborygmus, abdominal pain, jaundice.

Puncture: Perpendicularly 0.3-0.5 inch.

49. Yishe (U.B. 49):

Location: 3 cun lateral to the lower border of the spinous process of the 11th thoracic vertebra.

Indications: Back pain, abdominal distention, dyspepsia, liver diseases, vomiting.

Puncture: Perpendicularly 0.3-0.5 inch.

50. Weicang (U.B. 50):

Location: 3 cun lateral to the lower border of the spinous process of the 12th thoracic vertebra.

Indications: Gastralgia, vomiting, abdominal distention, constipation, pain in the spinal column.

Puncture: Perpendicularly 0.3-0.5 inch.

51. Huangmen (U.B. 51):

Location: 3 cun lateral to the lower border of the spinous process of the 1st lumbar vertebra.

Indications: Upper abdominal pain, constipation, mastitis, hepatomegaly, splenomegaly.

Puncture: Perpendicularly 0.8-1.0 inch.

52. Zhishi (U.B. 52):

Location: 3 cun lateral to the lower border of the spinous process of the 2nd sacral vertebra. (See Fig. 71.)

Indications: Spermatorrhea, impotence, dysuresis, edema, stiffness and pain in back and lumbar region.

Puncture: Perpendicularly 1.0-1.5 inches.

53. Baohuang (U.B. 53):

Location: 3 cun lateral to the Du Channel, level to the 2nd posterior sacral foramen.

Indications: Enteritis, abdominal distention, back pain, retention of urine.

Puncture: Perpendicularly 1.0-1.5 inches.

54. Zhibian (U.B. 54):

Location: 3 cun lateral to the Du Channel, level to the 4th posterior sacral foramen. (See Fig. 72.)

Indications: Cystitis, hemorrhoids, sciatica, paralysis and numbness or pain of lower extremities.

Puncture: Perpendicularly 1.5-2.0 inches.

55. Heyang (U.B. 55):

Location: 2 cun directly below Weizhong (U.B. 40), on the line connecting Weizhong with Chengshan (U.B. 57).

Indications: Lumbago and leg pain, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

56. Chengjin (U.B. 56):

Location: Midway between Heyang (U.B. 55) and Chengshan (U.B. 57) in the centre of the belly of m. gastrocnemius.

Indications: Leg pain, hemorrhoids, stiffness and pain in back and lumbar region.

Puncture: Perpendicularly 1.0-2.0 inches.

57. Chengshan (U.B. 57):

Location: Midway between Weizhong (U.B. 40) and the heel, on the groove 8 cun below Weizhong. (See Fig. 74.)

Indications: Sciatica, prolapse of rectum, spasm of the m. gastrocnemius, pain in the sole, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

58. Feiyang (U.B. 58):

Location: 7 cun directly above Kunlun (U.B. 60), posterior to the external malleolus. (See Fig. 74.)

Indications: Ophthalmalgia, lumbago, leg pain, nephritis, cystitis, weakness in legs.

Puncture: Perpendicularly 1.0-1.5 inches.

59. Fuyang (U.B. 59):

Location: 3 cun above Kunlun (U.B. 60), posterior to external malleolus. (See Fig. 75.)

Indications: Headache, pain in the lumbo-sacral region, pain and swelling of the ankle region.

Puncture: Perpendicularly 0.8-1.0 inch.

60. Kunlun (U.B. 60):

Location: Between the posterior border of the external malleolus and the medial aspect of tendo calcaneus, at the same level as the tip of malleolus. (See Fig. 75.)

Indications: Paralysis of lower extremities, lumbago, sciatica, disorder of the ankle joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.5-0.8 inch.

61. Pushen (U.B. 61):

Location: 1.5 cun inferior to the external malleolus, directly below Kunlun (U.B. 60), posterior to the calcanem, at the junction of the "red and white" skin. (See Fig. 75.)

Indications: Painful heel, weakness or paralysis of lower extremities.

Puncture: Perpendicularly 0.3-0.5 inch.

62. Shenmai (U.B. 62):

Location: Directly below the tip of the external malleolus, and 0.5 cun lateral to its lower border. (See Fig. 75.)

Indications: Epilepsy, headache, dizziness and vertigo.

Puncture: Perpendicularly 0.3-0.5 inch.

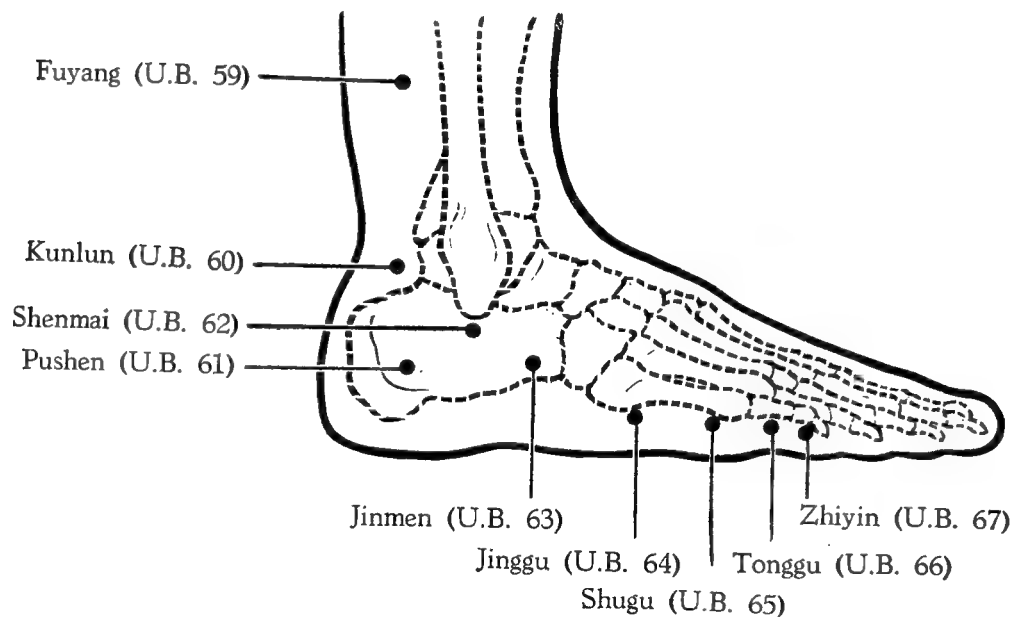


Fig. 75

63. Jinmen (U.B. 63):

Location: Anterior and inferior to Shenmai (U.B. 62), in the depression posterior to the tuberosity of the 5th metatarsal bone. (See Fig. 75.)

Indications: Pain around the ankle joint, lumbago, pain in leg, infantile convulsions, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch.

64. Jinggu (U.B. 64):

Location: Below the tuberosity of the 5th metatarsal bone, at the junction of the "red and white" skin. (See Fig. 75.)

Indications: Headache, dizziness and vertigo, lumbago and leg pain, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch.

65. Shugu (U.B. 65):

Location: Posterior and inferior to the small head of the 5th metatarsal bone. (See Fig. 75.)

Indications: Headache, dizziness, lumbago, leg pain, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch.

66. Tonggu (U.B. 66):

Location: In the depression anterior and inferior to the 5th metatarso-phalangeal joint. (See Fig. 75.)

Indications: Headache, dizziness, epistaxis, dyspepsia.

Puncture: Perpendicularly 0.2-0.3 inch.

67. Zhiyin (U.B. 67):

Location: On the lateral side of the tip of the small toe, about 0.1 cun posterior to the corner of the nail. (See Fig. 75.)

Indications: Malposition of fetus, difficult labour.

Puncture: Perpendicularly 0.1 inch or more. Or apply moxibustion.

(8) THE KIDNEY CHANNEL OF FOOT-SHAOYIN

— 27 Points —

1. Yongquan (K. 1):

Location: In the depression at the junction of anterior and middle third of the sole in a depression between the 2nd and 3rd metatarso-phalangeal joint when the toes are plantar flexed. (See Fig. 77.)

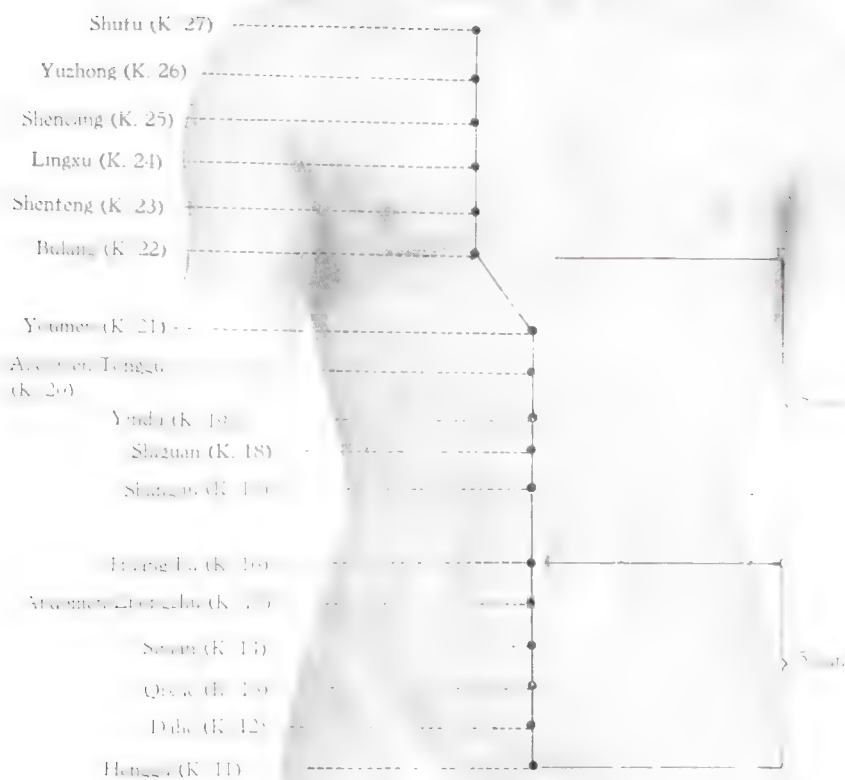


Fig. 76a. The Kidney Channel of Foot-Shaoyin

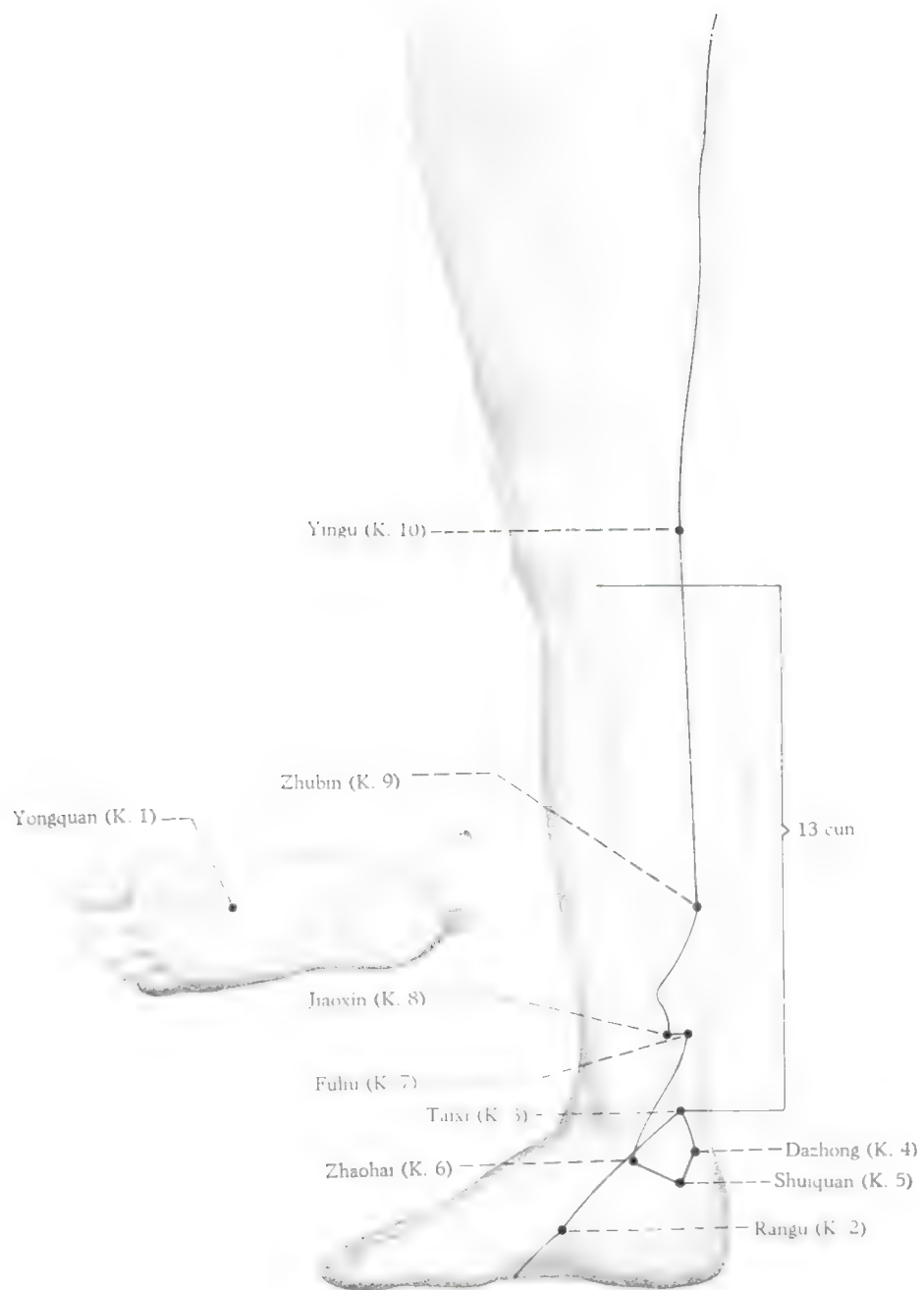


Fig. 76b. The Kidney Channel of Foot-Shaoyin

Indications: Coma, shock, mania, hysteria, epilepsy, infantile convulsion, unchecked nausea and vomiting, sore throat, dysuresis, also vertical headache.

Puncture: Perpendicularly 0.3 - 0.5 inch.

2. Rangu (K. 2):

Location: Anterior and inferior to the medial malleolus, in a depression at the anterior and inferior border of the navicular bone.

Indications: Cystitis, irregular menstruation, diabetes, sore throat.

Puncture: Perpendicularly 0.5 - 1.0 inch.

3. Taixi (K. 3):

Location: Midway between the tip of medial malleolus and tendo calcaneus. (See Fig. 78.)

Indications: Nephritis, cystitis, enuresis, irregular menstruation, sore throat, toothache, nocturnal emission, impotence, paralysis of lower extremities.

Puncture: (a) Perpendicularly 0.5-1.0 inch towards Kunlun (U.B. 60). (b) 0.3-0.5 inch slightly towards medial malleolus.

4. Dazhong (K. 4):

Location: Inferior and anterior to medial malleolus, in the depression medial to the attachment to the tendo calcaneus, 0.5 cun slightly posteriorly below Taixi (K. 3).

Indications: Neurasthenia, hysteria, hemoptysis, asthma, dysuresis, constipation, painful heel.

Puncture: Perpendicularly 0.3-0.5 inch.

5. Shuiquan (K. 5):

1 cun inferior to Taixi (K. 3), in the depression anterior and superior to the medial side of the tubercle of the calcaneum. (See Fig. 78.)

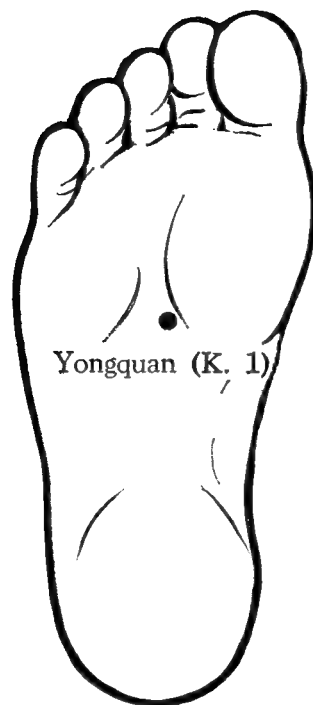


Fig. 77

Indications: Irregular menstruation, prolapse of the uterus, dysuresis, myopia.

Puncture: Perpendicularly 0.3-0.5 inch.

6. Zhaohai (K. 6):

Location: In the depression 1 cun directly below the inferior border of the medial malleolus. (See Fig. 78.)

Indications: Irregular menstruation, prolapse of uterus, tonsillitis, neurasthenia, epilepsy.

Puncture: Perpendicularly 0.3-0.5 inch.

7. Fuliu (K. 7):

Location: 2 cun above Taixi (K. 3), on the anterior border of the tendo calcaneus. (See Fig. 78.)

Indications: Nephritis, orchitis, night sweating, diarrhea, lumbago, paralysis of lower extremities.

Puncture: Perpendicularly 0.5-1.0 inch.

8. Jiaoxin (K. 8):

Location: 2 cun above Taixi (K. 3), 0.5 cun anterior to Fuliu (K. 7), posterior to the medial border of the tibia.

Indications: Irregular menstruation, functional uterine bleeding, diarrhea, constipation, pain and swelling of the testis.

Puncture: Perpendicularly 0.5-1.0 inch.

9. Zhubin (K. 9):

Location: 5 cun above Taixi (K. 3), about 1 cun posterior to the medial border of the tibia.

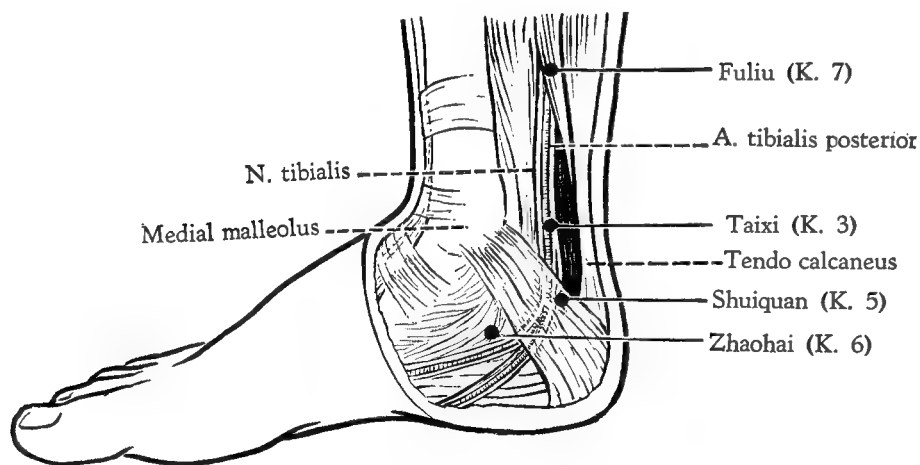


Fig. 78

Indications: Spasm of m. gastrocnemius, epilepsy, mental disorder.

Puncture: Perpendicularly 1.0-1.5 inches.

10. Yingu (K. 10):

Location: At the medial end of the popliteal transverse crease, between the tendons of m. semitendinosus and m. semimembranosus.

Indications: Knee pain, lower abdominal pain, disorders of the genital system.

Puncture: Perpendicularly 0.8-1.0 inch.

11. Henggu (K. 11):

Location: In the lower abdomen, on the superior border of the pubic symphysis, 0.5 cun lateral to Qugu (Ren 2).

Indications: Dysuresis, enuresis, hernia, spermatorrhea, impotence.

Puncture: Perpendicularly 0.5-1.0 inch.

12. Dahe (K. 12):

Location: 1 cun above Henggu (K.11), 0.5 cun lateral to Zhongji (Ren 3).

Indications: Pain in the external genitalia, spermatorrhea, excessive leukorrhea.

Puncture: Perpendicularly 0.5-1.0 inch.

13. Qixue (K. 13):

Location: 2 cun above Henggu (K.11), 0.5 cun lateral to Guanyuan (Ren 4).

Indications: Irregular menstruation, diarrhea.

Puncture: Perpendicularly 0.5-1.0 inch.

14. Siman (K. 14):

Location: 3 cun above Henggu (K.11), 0.5 cun lateral to Shimen (Ren 5).

Indications: Uterine bleeding, postpartum abdominal pain, diarrhea.

Puncture: Perpendicularly 0.5-1.0 inch.

15. Abdomen-Zhongzhu (K. 15):

Location: 1 cun below the umbilicus, 0.5 cun lateral to Abdomen-Yinjiao (Ren 7).

Indications: Irregular menstruation, lower abdominal pain, constipation.

Puncture: Perpendicularly 0.5-1.0 inch.

16. Huangshu (K. 16):

Location: 0.5 cun lateral to umbilicus.

Indications: Jaundice, gastralgia, hernia, constipation, menorrhagia.
Puncture: Perpendicularly 0.5-1.0 inch.

17. Shangqu (K. 17):

Location: 2 cun above Huangshu (K. 16), 0.5 cun lateral to Xiawan (Ren 10).

Indications: Gastralgia, abdominal pain, anorexia, hernia.

Puncture: Perpendicularly 0.5-1.0 inch.

18. Shiguan (K. 18):

Location: 3 cun above Huangshu (K. 16), 0.5 cun lateral to Jianli (Ren 11).

Indications: Gastralgia, hiccough, constipation, postpartum abdominal pain.

Puncture: Perpendicularly 0.5-1.0 inch.

19. Yindu (K. 19):

Location: 4 cun above Huangshu (K. 16), 0.5 cun lateral to Zhongwan (Ren 12).

Indications: Borborygmus, abdominal distention, abdominal pain.

Puncture: Perpendicularly 0.5-1.0 inch.

20. Abdomen-Tonggu (K. 20):

Location: 5 cun above Huangshu (K. 16), 0.5 cun lateral to Shangwan (Ren 13).

Indications: Vomiting, diarrhea, abdominal distention, abdominal pain.

Puncture: Perpendicularly 0.5-1.0 inch.

21. Youmen (K. 21):

Location: 6 cun above Huangshu (K. 16), 0.5 cun lateral to Jujue (Ren 14).

Indications: Thoracalgia, belching, vomiting, diarrhea.

Puncture: Perpendicularly 0.5-1.0 inch.

22. Bulang (K. 22):

Location: In the 5th intercostal space, 2 cun lateral to the Ren Channel.

Indications: Intercostal neuralgia, pleuritis, bronchitis.

Puncture: Obliquely 0.3-0.8 inch.

23. Shenfeng (K. 23):

Location: In the 4th intercostal space, 2 cun lateral to Shanzhong (Ren 17).

Indications: Intercostal neuralgia, pleuritis, bronchitis, mastitis.

Puncture: Obliquely 0.3-0.8 inch.

24. Lingxu (K. 24):

Location: In the 3rd intercostal space, 2 cun lateral to the Ren Channel midway between the sternal and mammillary lines.

Indications: Pain in chest and costal region, cough, vomiting, mastitis.

Puncture: Obliquely 0.3-0.8 inch.

25. Shencang (K. 25):

Location: In the 2nd intercostal space, 2 cun lateral to the Ren Channel, midway between the sternal and mammillary lines.

Indications: Cough, vomiting, intercostal neuralgia.

Puncture: Obliquely 0.3-0.8 inch.

26. Yuzhong (K. 26):

Location: In the 1st intercostal space, 2 cun lateral to the Ren Channel, midway between the sternal and mammillary lines.

Indications: Cough, chest pain, vomiting.

Puncture: Obliquely 0.3-0.8 inch.

27. Shufu (K. 27):

Location: In the depression between the 1st rib and the lower border of the clavicle, 2 cun lateral to the Ren Channel.

Indications: Chest pain, cough, asthma, vomiting.

Puncture: Obliquely 0.3-0.8 inch.

(9) THE PERICARDIUM CHANNEL OF HAND-JUEYIN

— 9 Points —

1. Tianchi (P. 1):

Location: 1 cun lateral to the nipple in the 4th intercostal space. (See Fig. 79.)

Indications: Fullness in chest, pain in the hypochondriac region, tuberculosis of lymph nodes.

Puncture: Obliquely 0.5-0.8 inch. (Deeper puncture is not advisable.)

2. Tianquan (P. 2):

Location: 2 cun below the anterior end of the axillary fold, between the two heads of m. biceps brachii.

Indications: Pain in chest and the hypochondriac region, cough, pain in back and in the medial aspect of arm.

Puncture: Perpendicularly 1.0-1.5 inches.

3. Quze (P. 3):

Location: In the middle of the transverse cubital crease, at the ulnar side of the tendon of m. biceps brachii. (See Fig. 80.)

Indications: Gastralgia, fever, palpitation, angina pectoris.

Puncture: Perpendicularly 0.5-1.0 inch, or prick with the three-edged needle to cause bleeding.

4. Ximen (P. 4):

Location: 5 cun above the transverse crease of wrist, between the tendons of m. palmaris longus and m. flexor carpi radialis. (See Fig. 80.)

Indications: Tachycardia, angina pectoris, pleuritis, mastitis, neurasthenia.

Puncture: Perpendicularly 0.5-1.0 inch.

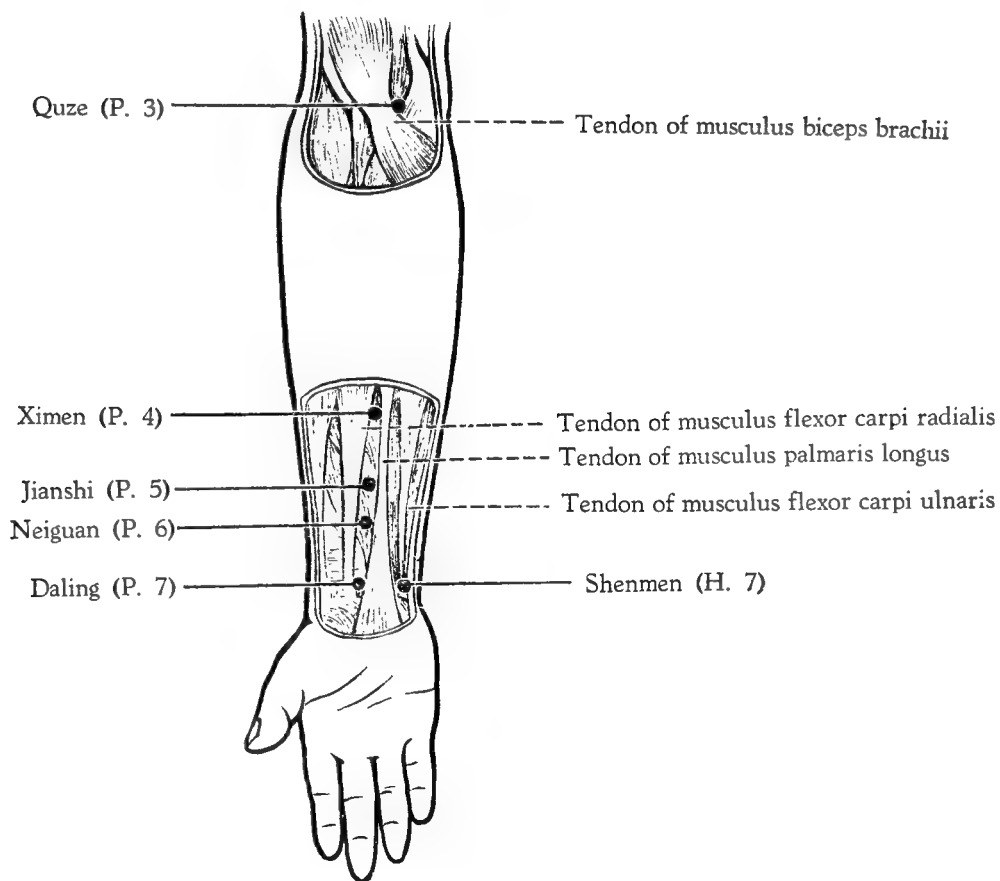


Fig. 80

5. Jianshi (P. 5):

Location: 3 cun above the transverse crease of the wrist, between the tendons of m. palmaris longus and m. flexor carpi radialis. (See Fig. 80.)

Indications: Palpitation, angina pectoris, malaria, epilepsy, schizophrenia.

Puncture: Perpendicularly 0.5-1.0 inch.

6. Neiguan (P. 6):

Location: 1 cun below Jianshi (P. 5), 2 cun above the wrist. (See Fig. 80.)

Indications: Vomiting, gastralgia, insomnia, palpitation, angina pectoris, hysteria, epilepsy, pain in the chest and costal region, hiccough (spasm of the diaphragm).

Puncture: Perpendicularly 0.5-1.0 inch.

7. Daling (P. 7):

Location: At midpoint of the transverse crease of wrist between the tendons of m. palmaris longus and m. flexor carpi radialis. (See Fig. 80.)

Indications: Insomnia, palpitation, epilepsy, disorders of the wrist joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.3-0.5 inch.

8. Laogong (P. 8):

Location: In the middle of the palm, between the middle and the ring fingers, adjacent to the 3rd metacarpal bone. (See Fig. 81.)

Indications: Stomatitis, epilepsy, chronic skin infection of the hand, hiccough.



Fig. 81

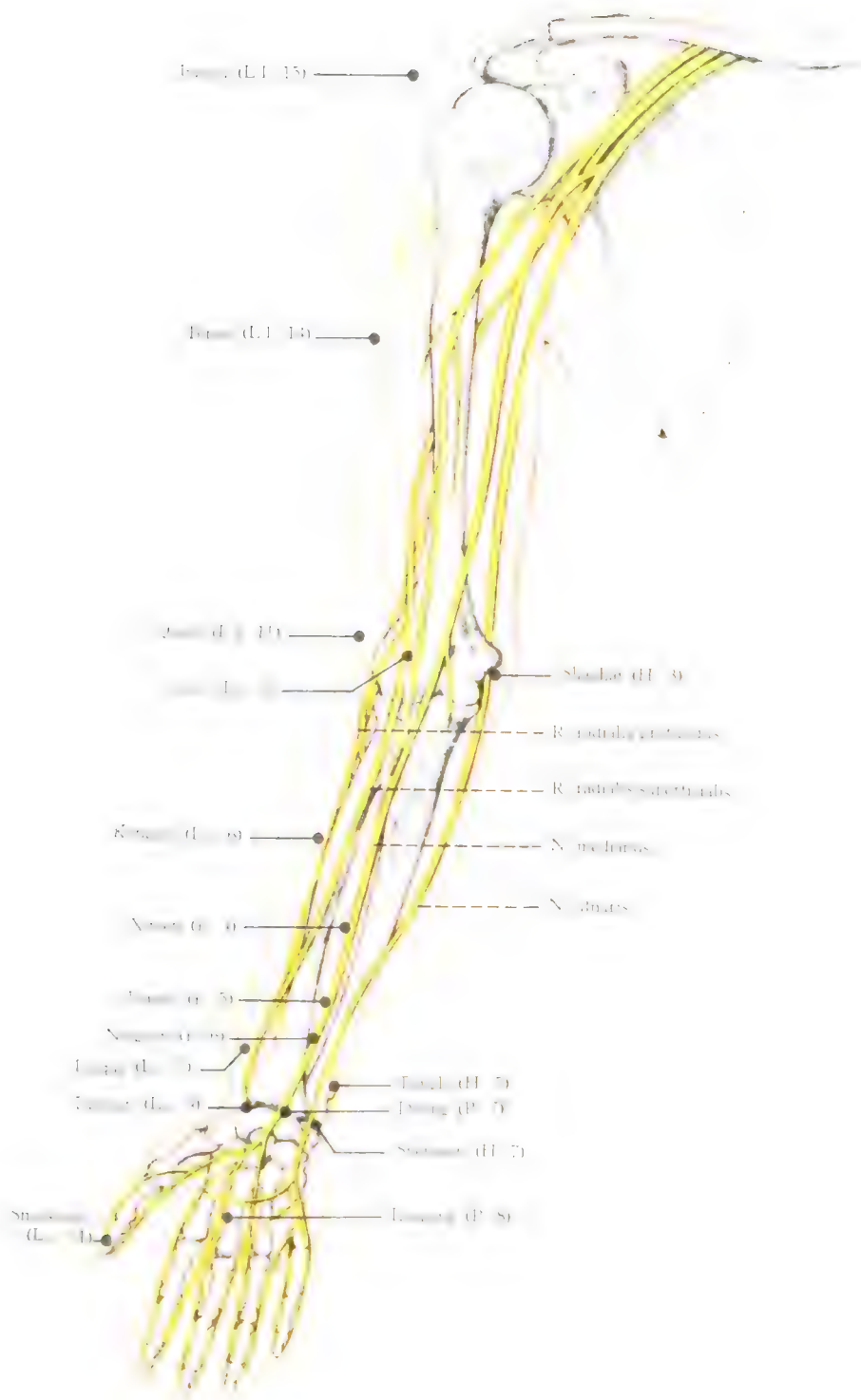


Fig. 82. The Relationship Between the Main Points of the Medial Aspect of the Upper Extremities and the Nerves

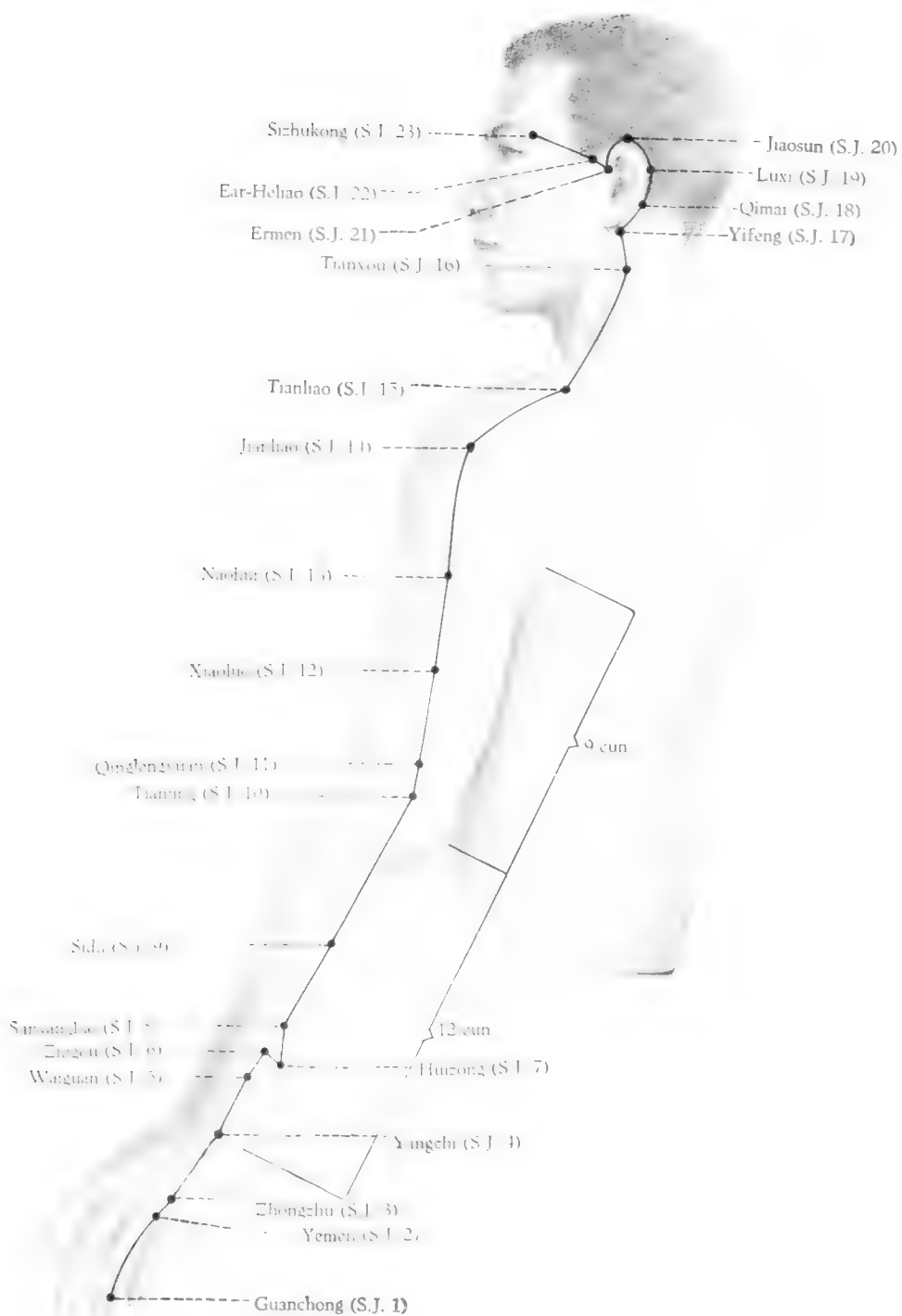


Fig. 83. The Sanjiao Channel of Hand-Shaoyin

Puncture: Perpendicularly 0.3-0.5 inch.

9. Zhongchong (P. 9):

Location: At the midpoint of the tip of the middle finger.

Indications: Apoplexy, coma, heat stroke, febrile diseases.

Puncture: Perpendicularly 0.1 inch, or prick to cause bleeding with three-edged needle.

(10) THE SANJIAO CHANNEL OF HAND-SHAOYANG

— 23 Points —

1. Guanchong (S.J. 1):

Location: On the ulnar side of the ring finger, 0.1 cun posterior to corner of nail. (See Fig. 84.)

Indications: Headache, sore throat, febrile diseases.

Puncture: Obliquely 0.1 inch, or prick with three-edged needle to cause bleeding.

2. Yemen (S.J. 2):

Location: 0.5 cun proximal to the margin of the web between the ring and the small fingers. (See Fig. 84.)

Indications: Headache, conjunctivitis, deafness, sore throat, pain in hand and arm, malaria.

Puncture: Obliquely 0.3-0.5 inch.

3. Zhongzhu (S.J. 3):

Location: On the dorsum of hand between the 4th and 5th metacarpal bones, in a depression posterior to the metacarpo-phalangeal joint. (See Fig. 84.)

Indications: Deafness, tinnitus, headache, sore throat and paralysis of upper extremities or hands.

Puncture: Perpendicularly 0.5-0.7 inch.

4. Yangchi (S.J. 4):

Location: In a depression of the transverse crease of dorsum of wrist between the m. extensor digitorum communis and m. extensor digiti quinti proprius. (See Fig. 84.)

Indications: Disorder of the wrist joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.3-0.5 inch.

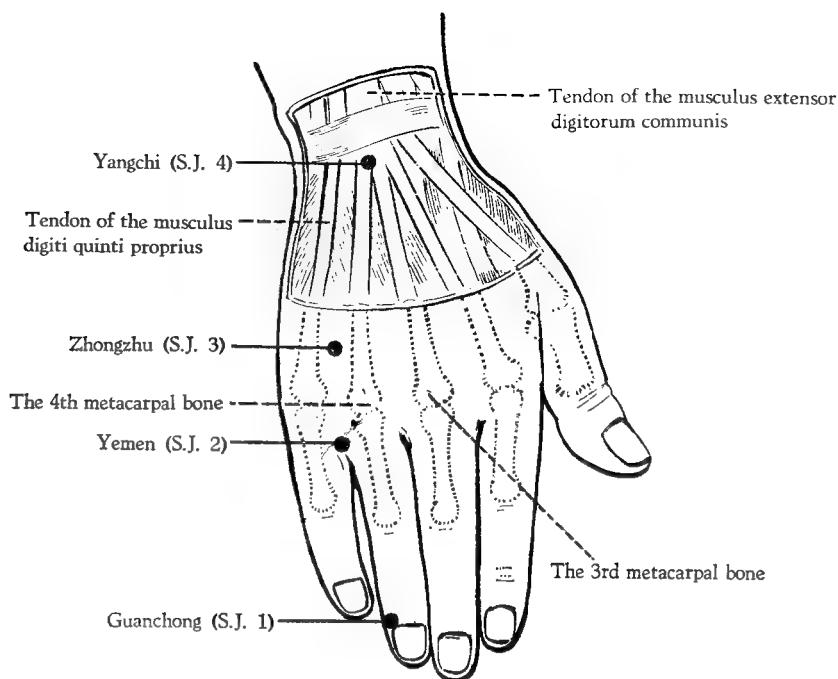


Fig. 84

5. Waiguan (S.J. 5):

2 cun above the transverse crease of dorsum of wrist between the radius and the ulna. (See Fig. 85.)

Indications: Paralysis of the upper extremities, thoraco-costal pain, headache, deafness, tinnitus, stiff neck, common cold, fever.

Puncture: Perpendicularly 0.5-1.0 inch.

6. Zhigou (S.J. 6):

Location: 1 cun above Waiguan (S.J. 5), between the ulna and the radius. (See Fig. 85.)

Indications: Constipation, shoulder and back pain, thoraco-costal pain, sore throat, fever, paralysis of upper extremities.

Puncture: Perpendicularly 0.5-1.0 inch.

7. Huizong (S.J. 7):

Location: About 1 finger breadth lateral to Zhigou (S.J. 6), on the radial side of the ulna. (See Fig. 85.)

Indications: Deafness, pain in the upper extremities, epilepsy.

Puncture: Perpendicularly 0.5-1.0 inch.

8. Sanyangluo (S.J. 8):

Location: 1 cun above Zhigou (S.J. 6), between the radius and the ulna.
(See Fig. 85.)

Indications: Deafness, pain in arm, aphasia.

Puncture: Perpendicularly 0.5-1.0 inch.

9. Sidu (S.J. 9):

Location: 5 cun below the olecranon, between the radius and the ulna.
(See Fig. 85.)

Indications: Deafness, toothache, pain in the forearm.

Puncture: Perpendicularly 0.5-1.0 inch.

10. Tianjing (S.J. 10):

Location: 1 cun posterior and superior to the olecranon, in the depression made by flexing the elbow. (See Fig. 86.)

Indications: Disorders of the elbow joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.5-1.0 inch.

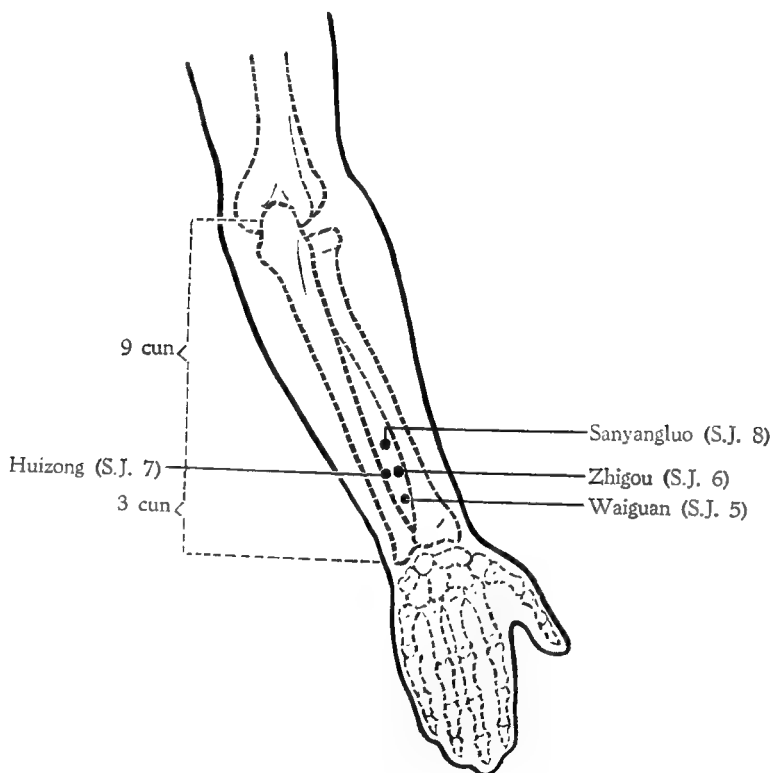


Fig. 85

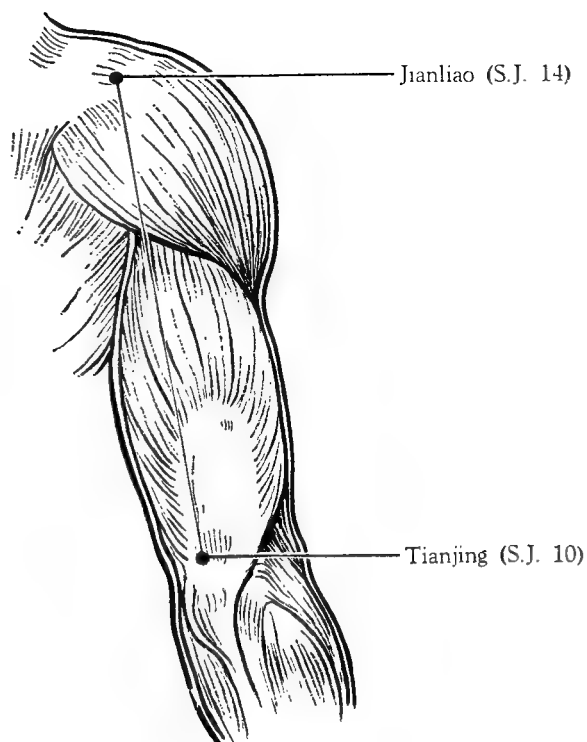


Fig. 86

11. Qinglengyuan (S.J. 11):

Location: 1 cun above Tianjing (S.J. 10). Flex elbow to locate this point.

Indications: Pain in shoulder and arm.

Puncture: Perpendicularly 0.5-0.7 inch.

12. Xiaoluo (S.J. 12):

Location: Midway between Qinglengyuan (S.J. 11) and Naohui (S.J. 13).

Indications: Headache, pain in arm.

Puncture: Perpendicularly 0.5-0.7 inch.

13. Naohui (S.J. 13):

Location: 3 cun below Jianliao (S.J. 14) at the posterior border of m. deltoideus. (See Fig. 42.)

Indications: Pain in shoulder and arm, pain and swelling of the scapular joint, eye diseases.

Puncture: Perpendicularly 0.5-1.0 inch.

14. Jianliao (S.J. 14):

Location: When the arm is raised horizontally, two depressions appear on the shoulder. The posterior one is the point. (See Fig. 42.) Or, with the arm at the side, the point is between the acromion and the greater tubercle of the humerus. (See Fig. 86.)

Indications: Disorders of the shoulder joint and its surrounding soft tissue. Pain in arm and paralysis of the upper extremities.

Puncture: With arm raised horizontally, puncture perpendicularly 1.0-1.5 inches between the acromion and the greater tubercle of the humerus towards Jiquan (H. 1). (See Fig. 87.)

15. Tianliao (S.J. 15):

Location: Midway between the tip of acromion and Dazhui (Du 14), 1 cun posterior and inferior to Jianjing (G.B. 21).

Indications: Pain in shoulder and arm, motor impairment of arm, pain in neck.

Puncture: Perpendicularly 0.5-1.0 inch.

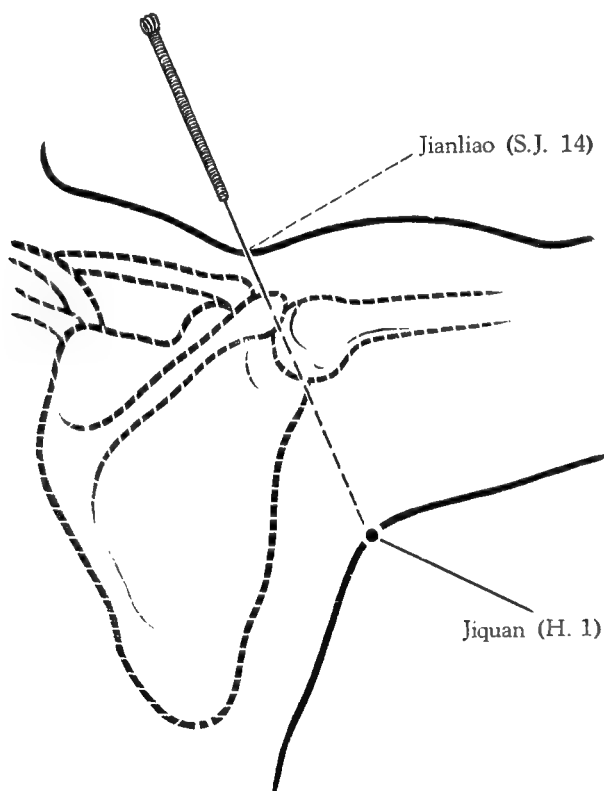


Fig. 87

16. Tianyou (S.J. 16):

Location: Posterior and inferior to the mastoid process, on the posterior border of m. sterno-cleido-mastoideus, at the level of the angle of the mandible.

Indications: Deafness, rigidity of neck.

Puncture: Perpendicularly 1.0-1.5 inches.

17. Yifeng (S.J. 17):

Location: Posterior to the ear-lobe, in a depression between the angle of mandible and the mastoid process. (See Fig. 69.)

Indications: Deafness, tinnitus, otitis media, facial paralysis, parotitis.

Puncture: Perpendicularly 0.5-1.0 inch, or slightly direct needle forward and upward. The depth may be 1.0-1.5 inches.

18. Qimai (S.J. 18):

Location: Posterior to the ear, in the centre of the mastoid process, at the junction of the lower and middle third of the curve-line connecting Jiaosun (S.J. 20) with Yifeng (S.J. 17) along the helix.

Indications: Deafness, tinnitus, facial paralysis.

Puncture: Obliquely 0.2-0.3 inch.

19. Luxi (S.J. 19):

Location: 1 cun above Qimai (S.J. 18).

Indications: Tinnitus, vomiting, otitis media.

Puncture: Obliquely 0.2-0.3 inch.

20. Jiaosun (S.J. 20):

Location: Fold ear forward; the point is within the hairline where the tip touches.

Indications: Redness and swelling of ear, cloudiness of cornea, toothache.

Puncture: Obliquely 0.2-0.3 inch.

21. Ermen (S.J. 21):

Location: When mouth is open, the point is in the depression in front of the anterior notch of the auricle and slightly superior to the condyloid process of the mandible. (See Fig. 69).

Indications: Deafness, tinnitus, otitis media.

Puncture: Perpendicularly 0.5-1.0 inch with the patient's mouth open. If needle is inserted obliquely towards Tinggong (S.I. 19), the depth may be 1.5 inches.

22. Ear-Heliao (S.J. 22):

Location: On the hairline anterior and superior to Ermen (S.J. 21), anterior to and level with the root of the auricle, posterior to the superficial temporal artery.

Indications: Tinnitus, headache, trismus, facial paralysis.

Puncture: Obliquely 0.2-0.3 inch.

23. Sizhukong (S.J. 23):

Location: On the lateral border of the orbit at the lateral tip of the eyebrow. (See Fig. 45.)

Indications: Headache, eye diseases.

Puncture: 0.5-1.0 inch horizontally and posteriorly.

(11) THE GALL BLADDER CHANNEL OF FOOT-SHAOYANG

— 44 Points —

1. Tongziliao (G.B. 1):

Location: 0.5 cun lateral to the outer canthus. (See Fig. 45.)

Indications: Eye diseases, headache, facial paralysis.

Puncture: Obliquely 0.5-0.8 inch horizontally and laterally.

2. Tinghui (G.B. 2):

Location: Posterior and anterior to the tragus, anterior to the tragic notch. There is a depression when mouth is opened. (See Fig. 69.)

Indications: Deafness, tinnitus, otitis media, facial paralysis, arthritis of the mandible joint.

Puncture: Perpendiculary 0.8-1.5 inches.

3. Shangguan (G.B. 3):

Location: In front of the ear, on the upper border of the zygomatic arch, directly above Xiaguan (St. 7).

Indications: Facial paralysis, tinnitus, deafness, toothache.

Puncture: Perpendiculary 0.5-1.0 inch.

4. Hanyan (G.B. 4):

Location: 1 cun below Touwei (St. 8) on the hairline of the temporal region. There is a slight movement during chewing.

Indications: Migraine, dizziness, tinnitus, rhinitis, facial paralysis.

Puncture: Obliquely 0.3-0.5 inch.

Muchuang (G.B. 16)
 Head-Linqi (G.B. 15)
 Benshen (G.B. 13)
 Hanvan (G.B. 4)
 Yangbai (G.B. 14)
 Xuanliu (G.B. 5)
 Xuanli (G.B. 6)
 Tongziliao (G.B. 1)
 Shangquan (G.B. 3)
 Tinghui (G.B. 2)

Zhenying (G.B. 17)
 Chengling (G.B. 18)
 Shuaigu (G.B. 8)
 Tianchong (G.B. 9)
 Qubin (G.B. 7)
 Fubai (G.B. 10)
 Head-Qiaoyin (G.B. 11)
 Naokong (G.B. 19)
 Wangu (G.B. 12)
 Fengchi (G.B. 20)

Jianning (G.B. 21)

Zhejin (G.B. 23)

Yuanye (G.B. 22)

Rixue (G.B. 24)

Jingmen (G.B. 25)

Daimai (G.B. 26)

Wushu (G.B. 27)

Weidao (G.B. 28)

Femur-Juliao (G.B. 29)

Huantiao (G.B. 30)

Fig. 89a. The Gall Bladder Channel of Foot-Shaoyang

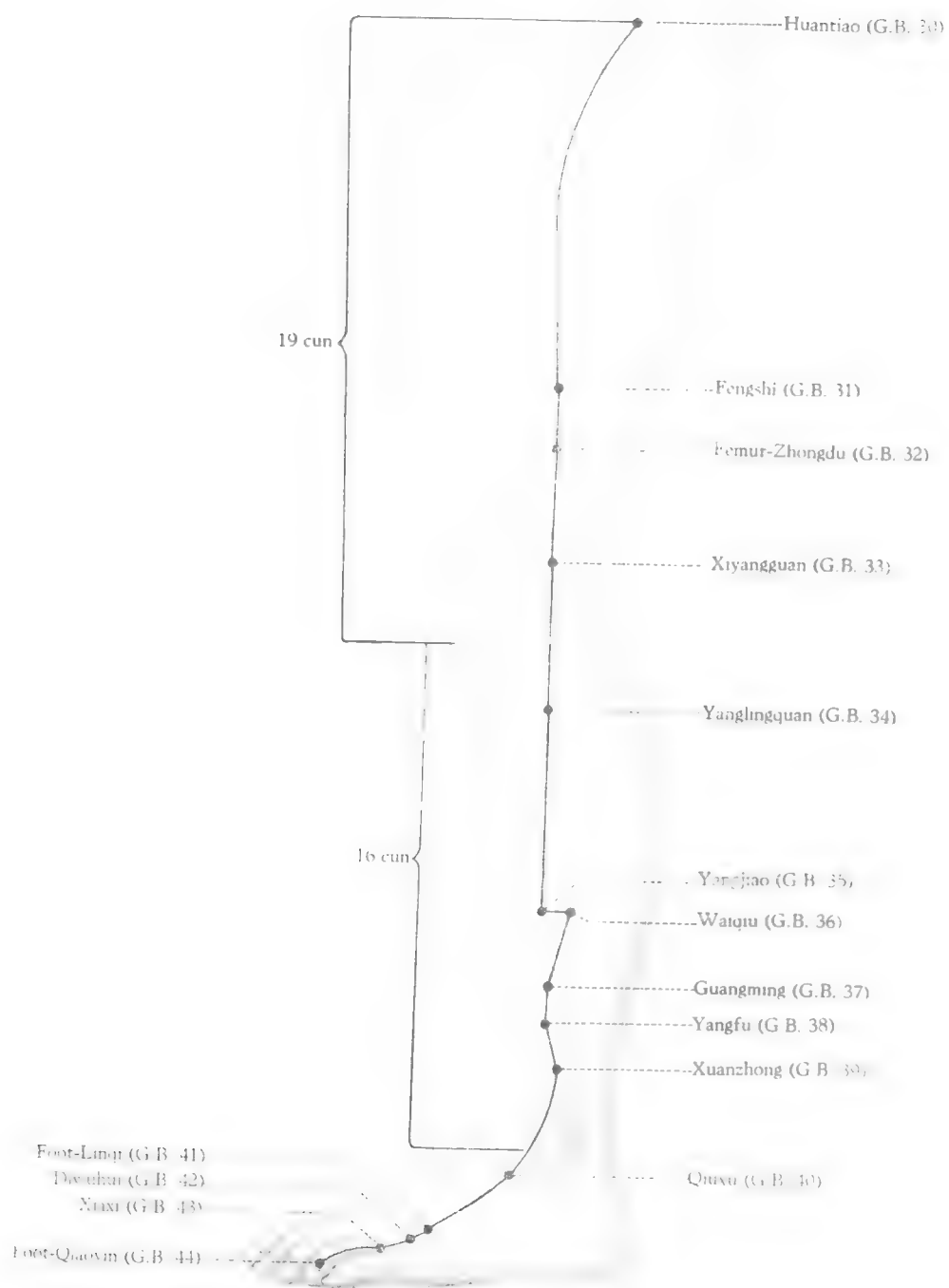


Fig. 89b. The Gall Bladder Channel of Foot-Shaoyang

5. Xuanlu (G.B. 5):

Location: In the line connecting Hanyan (G.B. 4) and Qubin (G.B. 7) at the junction of anterior and middle third of the line.

Indications: Migraine, neurasthenia, toothache.

Puncture: Obliquely 0.2-0.3 inch.

6. Xuanli (G.B. 6):

Location: In the line connecting Hanyan (G.B. 4) and Qubin (G.B. 7), at the junction of inferior and middle third of the line.

Indications: Migraine, neurasthenia, facial swelling, toothache.

Puncture: Obliquely 0.3-0.5 inch.

7. Qubin (G.B. 7):

Location: At the crossing point of the horizontal line of the auricle and the line that projects from the anterior auricle.

Indications: Pain and swelling of cheek and submaxillary region, difficulty in opening mouth, headache, stiff neck.

Puncture: Obliquely 0.3-0.5 inch.

8. Shuaigu (G.B. 8):

Location: Fold the ear over; the point is directly above the auricular apex, 1.5 cun within the hairline. (See Fig. 48.)

Indications: Migraine, dizziness and vertigo.

Puncture: 0.5-1.0 inch horizontally anteriorly or horizontally posteriorly.

9. Tianchong (G.B. 9):

Location: 0.5 cun posterior to Shuaigu (G.B. 8), superior and posterior to the auricle, 2 cun inside the hairline.

Indications: Headache, swelling and pain of the gum, epilepsy.

Puncture: Obliquely 0.5-0.8 inch.

10. Fubai (G.B. 10):

Location: About 1 cun inferior to Tianchong (G.B. 9), at the upper border of the root of the auricle, 1 cun beyond the hairline.

Indications: Tinnitus, deafness, toothache, tonsillitis.

Puncture: Obliquely 0.5-0.8 inch.

11. Head-Qiaoyin (G.B. 11):

Location: Midpoint of the line connecting Fubai (G.B. 10) and Wangu (G.B. 12).

Indications: Ophthalmalgia, vertical headache.

Puncture: Obliquely 0.5-0.8 inch.

12. Head-Wangu (G.B. 12):

Location: In the depression posterior and inferior to the mastoid process. Ask patient to bend his neck to locate this point.

Indications: Tinnitus, toothache, swelling of cheek, facial paralysis.

Puncture: Obliquely 0.5-0.8 inch.

13. Benshen (G.B. 13):

Location: 0.5 cun inside the hairline, directly above the outer canthus.

Indications: Epilepsy, stiff neck.

Puncture: Obliquely 0.5-0.8 inch.

14. Yangbai (G.B. 14):

Location: 1 cun above the midpoint of the eyebrow.

Indications: Facial paralysis, frontal headache, night blindness, glaucoma.

Puncture: 0.3-0.5 inch horizontally inferiorly.

15. Head-Linqi (G.B. 15):

Location: With the patient looking straight ahead, it is 0.5 cun inside the hairline, directly above the pupil.

Indications: Nasal obstruction, eye diseases, apoplexy, epilepsy.

Puncture: Obliquely 0.5-0.8 inch.

16. Muchuang (G.B. 16):

Location: 1 cun above Head-Linqi (G.B. 15).

Indications: Eye diseases, facial swelling.

Puncture: Obliquely 0.5-0.8 inch.

17. Zhengying (G.B. 17):

Location: 1 cun posterior to Muchuang (G.B. 16).

Indications: Headache, toothache.

Puncture: Obliquely 0.5-0.8 inch.

18. Chengling (G.B. 18):

Location: 1.5 cun posterior to Zhengying (G.B. 17).

Indications: Headache, nasal obstruction, epistaxis.

Puncture: Obliquely 0.5-0.8 inch.

19. Naokong (G.B. 19):

Location: 1.5 cun above Fengchi (G.B. 20), on the lateral side of the occipital protuberance.

Indications: Headache, stiff neck, epistaxis, asthma.

Puncture: Obliquely 0.5-0.8 inch.

20. Fengchi (G.B. 20):

Location: In a depression between the m. sterno-cleido-mastoideus and the upper portion of the m. trapezius. Specifically, between the depression directly inferior to the occipital protuberance and the mastoideus. (See Fig. 90.)

Indications: Common cold, headache, dizziness and vertigo, stiffness of neck, hypertension, tinnitus.

Puncture: Perpendicularly towards the orbit of the opposite side 1.0-1.5 inches. It is not advisable to puncture too deeply.

21. Jianjing (G.B. 21):

Location: Midway between Dazhui (Du 14) and the acromion, at the highest point of the shoulder.

Indications: Pain in shoulder and back, rigidity and stiffness of neck, motor impairment of upper extremities, mastitis, hyperthyroidism, functional uterine bleeding.

Puncture: Perpendicularly 0.5-1.0 inch.

22. Yuanye (G.B. 22):

Location: 3 cun below the anterior axillary fold, on the axillary line, in the 4th intercostal space when arm is raised.

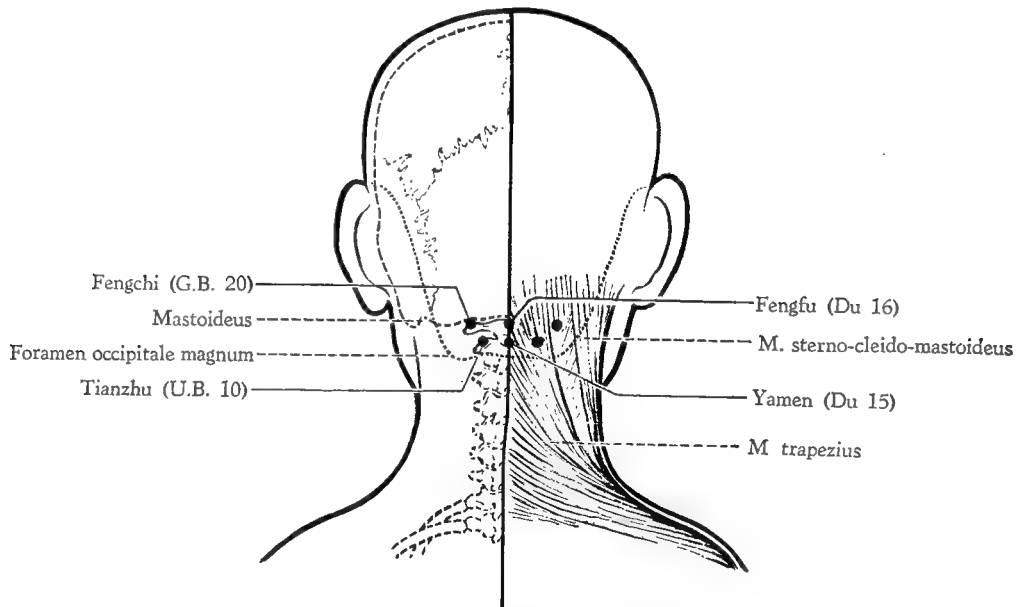


Fig. 90

Indications: Pleuritis, intercostal neuralgia, inflammation of the axillary lymph nodes.

Puncture: Obliquely 0.5-1.0 inch.

23. Zhejin (G.B. 23):

Location: 1 cun anterior to Yuanye (G.B. 22), in the 4th intercostal space.

Indications: Vomiting, gastric acidity, salivation, asthma.

Puncture: Obliquely 0.5-1.0 inch.

24. Riyue (G.B. 24):

Location: One rib directly below Qimen (Liv. 14), in the 7th intercostal space. (See Fig. 91.)

Indications: Gastralgia, hepatitis, cholecystitis, hiccough.

Puncture: Obliquely 0.5-1.0 inch.

25. Jingmen (G.B. 25):

Location: On the lateral side of the abdomen, at the lower border of the free end of the 12th rib. (See Fig. 91.)

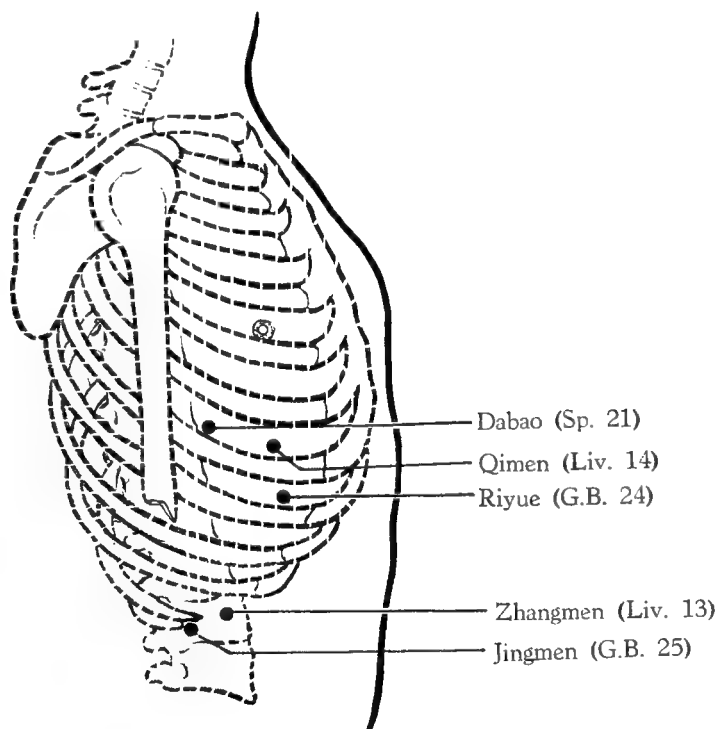


Fig. 91

Indications: Borborygmus, costal pain, abdominal distention.

Puncture: Perpendicularly 0.3-0.5 inch.

26. Daimai (G.B. 26):

Location: Midway between the free ends of the 11th and 12th ribs, level with the umbilicus.

Indication: Endometritis, cystitis, lumbago, costal and back pain, irregular menstruation.

Puncture: Perpendicularly 1.0-1.5 inches.

27. Wushu (G.B. 27):

Location: 3 cun anterior and inferior to Daimai (G.B. 26), level with Guanyuan (Ren 4), in front of the anterior superior iliac spine.

Indications: Pain in the lower abdomen, lumbago, endometritis, orchitis.

Puncture: Perpendicularly 1.0-1.5 inches.

28. Weidao (G.B. 28):

Location: Anterior and inferior to the anterior superior iliac spine, 0.5 cun anterior and inferior to Wushu (G.B. 27).

Indications: Endometritis, pain in lower abdomen, chronic constipation.

Puncture: Perpendicularly 1.0-1.5 inches.

29. Femur-Juliao (G.B. 29):

Location: Midway between the anterior superior iliac spine and the highest point of the greater trochanter of the femur. (See Fig. 92.) Locate the point with patient in recumbent position.

Indications: Disorders of the hip joint and its surrounding soft tissue, pain in lower extremities.

Puncture: Perpendicularly 1.0-2.0 inches.

30. Huantiao (G.B. 30).

Location: At the junction of the middle and lateral third of the distance between the highest point of the great trochanter of the femur and the hiatus of the sacrum. Locate this point with patient in lateral recumbent position with thigh flexed. (See Fig. 93.)

Indications: Sciatica, paralysis of lower extremities, disorders of the hip joint and its surrounding soft tissue.

Puncture: Perpendicularly 1.5-3.0 inches.

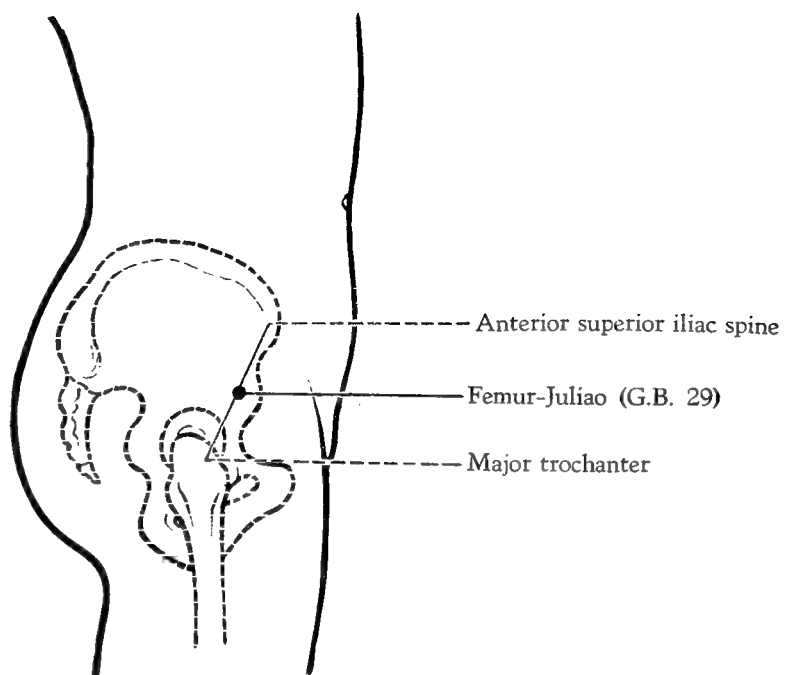


Fig. 92

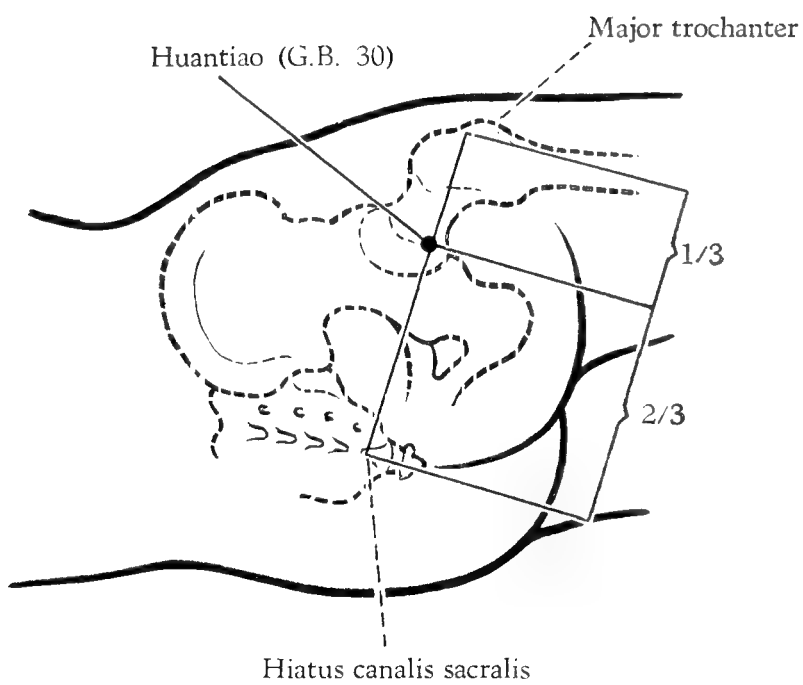


Fig. 93

31. Fengshi (G.B. 31):

Location: At the lateral side of the thigh, 7 cun above the transverse popliteal crease, between the m. vastus lateralis and m. biceps femoris. With the patient standing erect, hands close to thighs, the point is at the tip of the middle finger. (See Fig. 94.)

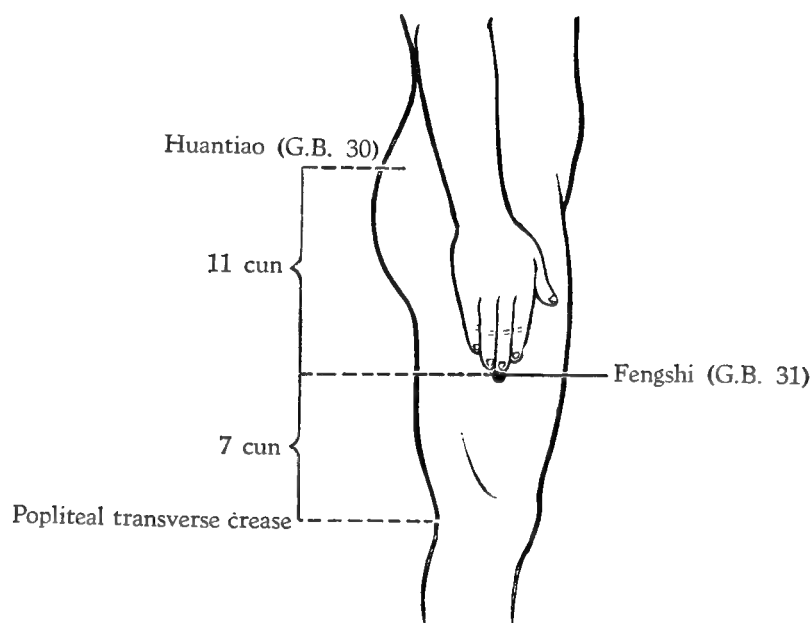


Fig. 94

Indications: Paralysis of lower extremities, pain in lumbar region and legs, neurodermatitis of lateral aspect of thigh.

Puncture: Perpendicularly 1.5-2.5 inches.

32. Femur-Zhongdu (G.B. 32):

Location: On the lateral aspect of the thigh, 2 cun below Fengshi (G.B. 31).

Indications: Hemiplegia, sciatica.

Puncture: Perpendicularly 1.5-2.5 inches.

33. Xiyangguan (G.B. 33):

Location: In the depression superior to the lateral epicondyle of the femur, 3 cun above Yanglingquan (G.B. 34). (See Fig. 95.)

Indications: Pain in the knee joint.

Puncture: Perpendicularly 0.5-0.8 inch.

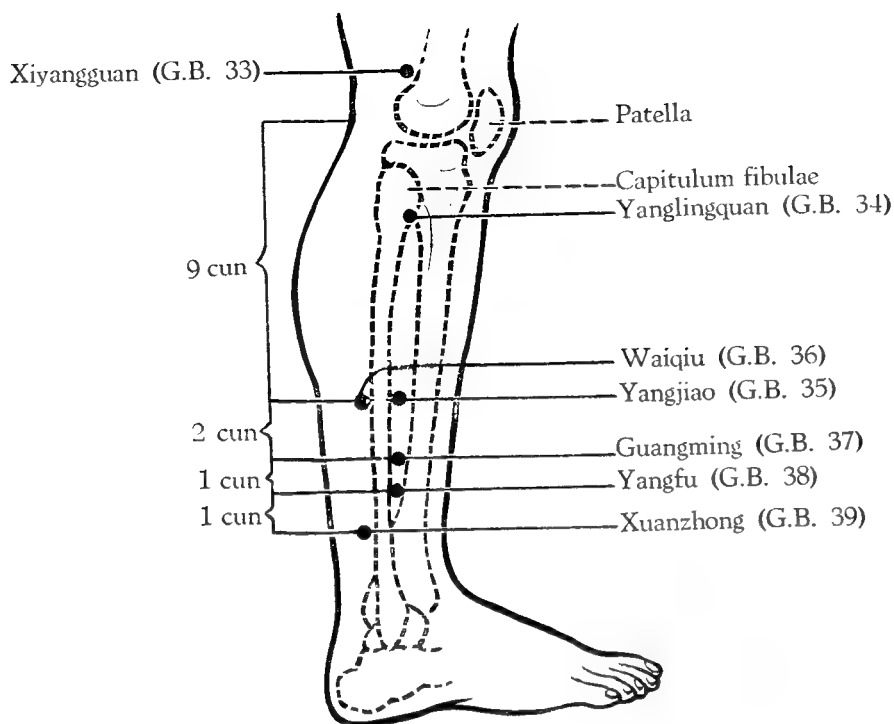


Fig. 95

34. Yanglingquan (G.B. 34):

Location: In the depression anterior and inferior to the small head of the fibula. (See Fig. 95.)

Indications: Hemiplegia, diseases of the gall bladder, lumbago and leg pain, dizziness and vertigo, acid regurgitation.

Puncture: Perpendicularly 1.0-1.5 inches.

35. Yangjiao (G.B. 35):

Location: 7 cun above the tip of the external malleolus, in the anterior border of the fibula, on the line connecting the tip of the external malleolus with Yanglingquan (G.B. 34). (See Fig. 95.)

Indications: Pain in lateral aspect of leg, sciatica, asthma.

Puncture: Perpendicularly 1.0-1.5 inches.

36. Waiqiu (G.B. 36):

Location: Level and 1 cun posterior to Yangjiao (G.B. 35), and posterior to the border of the fibula. (See Fig. 95.)

Indications: Pain in the lateral aspect of leg, spasm of the m. gastrocnemius.

Puncture: Perpendicularly 1.0-1.5 inches.

37. Guangming (G.B. 37):

Location: 5 cun above the tip of external malleolus, close to the anterior border of the fibula. (See Fig. 95.)

Indications: Eye diseases, pain in lower extremities.

Puncture: Perpendicularly 0.5-1.5 inches.

38. Yangfu (G.B. 38):

Location: 4 cun above the tip of the external malleolus, on the anterior border of the fibula. (See Fig. 95.)

Indications: Lumbago, arthritis of the knee joint, general malaise.

Puncture: Perpendicularly 1.0-1.5 inches.

39. Xuanzhong (G.B. 39)*:

Location: 3 cun above the external malleolus, between the posterior border of the fibula and the tendons of m. peroneus longus and brevis. (See Fig. 95.)

Indications: Paralysis of lower extremities, stiffness and rigidity of neck, disorders of the ankle joint and its surrounding soft tissue.

Puncture: Perpendicularly 0.5-1.0 inch.

40. Qiuxu (G.B. 40):

Location: Anterior and inferior to the external malleolus, in the depression on the lateral side of the tendon of m. extensor digitorum longus. (See Fig. 96.)

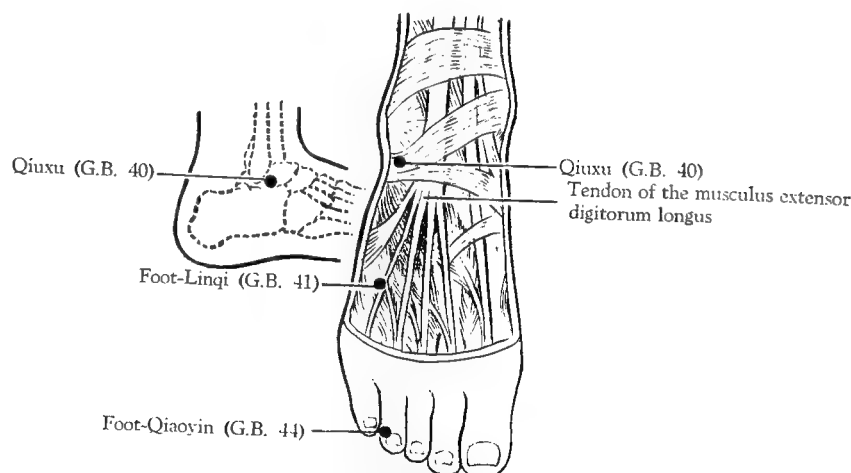


Fig. 96

* Xuanzhong (G.B. 39) is designated Juegu in some acupuncture books.

Indications: Pain in the lower extremities, pain in the ankle joint, thoracalgia.

Puncture: Perpendicularly 0.5-1.0 inch.

41. Foot-Linqi (G.B. 41):

Location: In the depression anterior to the junction of the 4th and 5th metatarsal bones. (See Fig. 96.)

Indications: To stop secretion of milk, mastitis, irregular menstruation, pain in foot, deafness, tinnitus.

Puncture: Perpendicularly 0.5-1.0 inch.

42. Diwuhui (G.B. 42):

Location: On the cleft between the 4th and 5th metatarsal bones, 0.5 cun anterior to Foot-Linqi (G.B. 41).

Indications: Tinnitus, pain in the axilla, mastitis.

Puncture: Perpendicularly 0.3-0.5 inch.

43. Xiaxi (G.B. 43):

Location: On the cleft between the 4th and 5th metatarsal bones, 0.5 cun proximal to the margin of the web.

Indications: Deafness, headache, dizziness, chest pain, intercostal neuralgia.

Puncture: Perpendicularly 0.3-0.5 inch.

44. Foot-Qiaoyin (G.B. 44):

Location: On the lateral side of the tip of the 4th toe, 0.1 cun posterior to the corner of nail. (See Fig. 96.)

Indications: Pleuritis, asthma, headache, pharyngitis.

Puncture: Perpendicularly 0.1-0.2 inch.

(12) THE LIVER CHANNEL OF FOOT-JUEYIN

— 14 Points —

1. Dadun (Liv. 1):

Location: On the lateral aspect of the dorsum of the terminal phalanx of the big toe, midway between the lateral corner of nail and interphalangeal joint. (See Fig. 98.)

Indications: Enuresis, menorrhagia, hernia.

Puncture: Obliquely 0.1-0.3 inch.

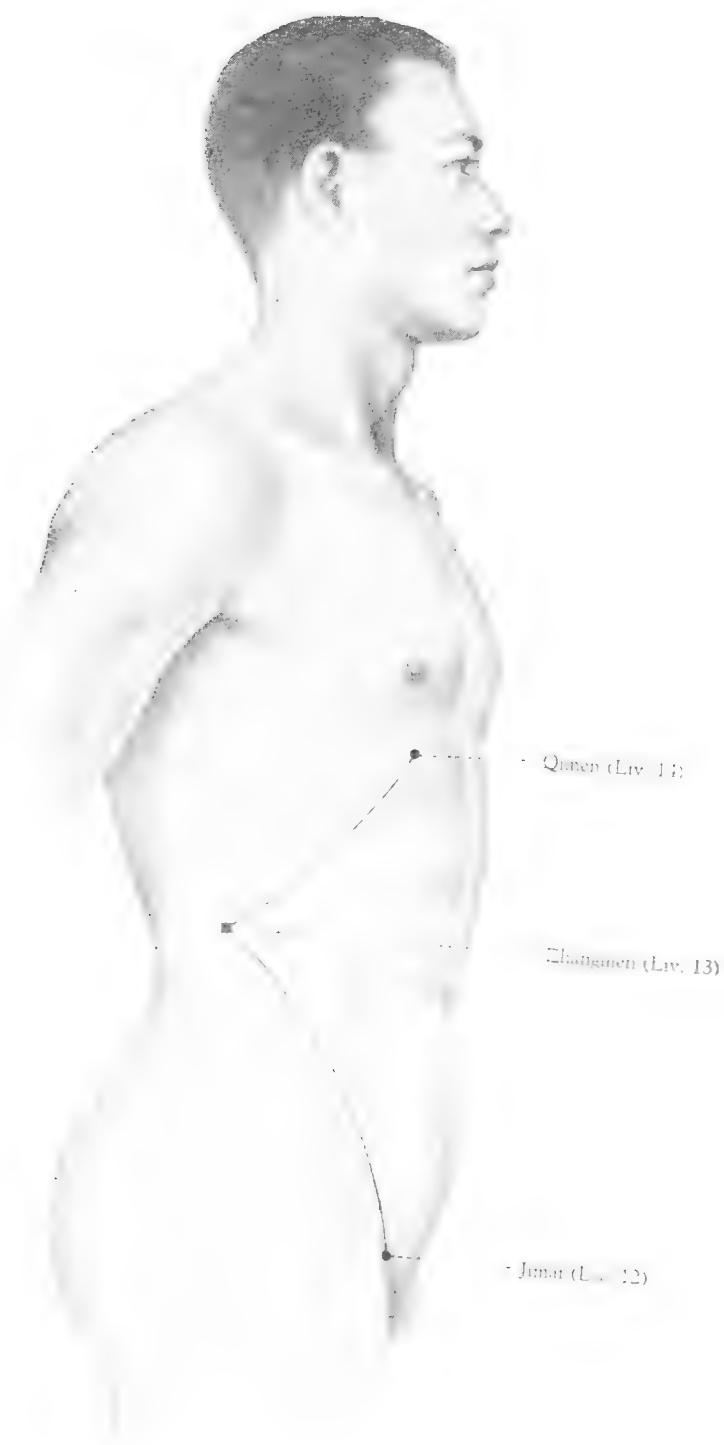


Fig. 97a. The Liver Channel of Foot-Jueyin

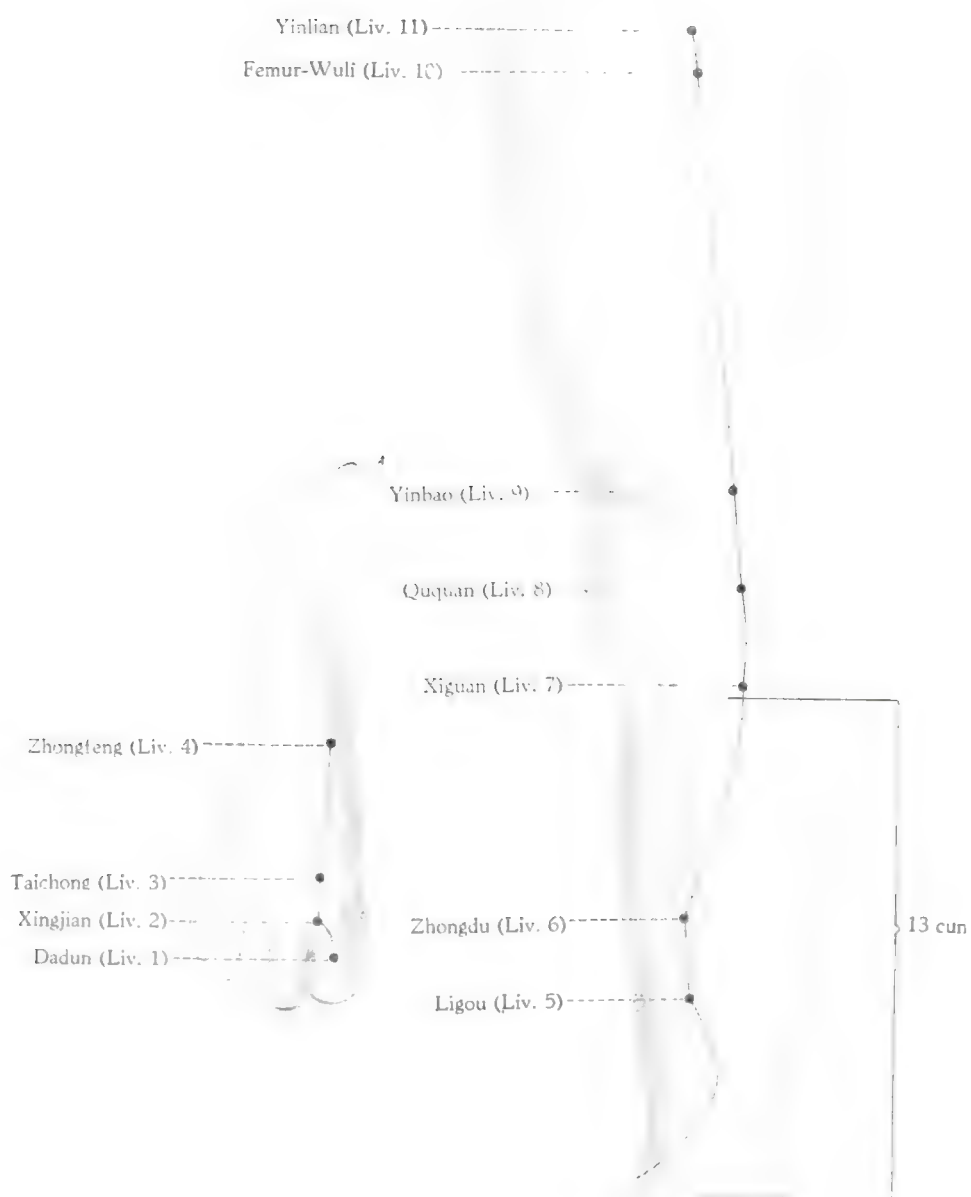


Fig. 97b. The Liver Channel of Foot-Jueyin

2. Xingjian (Liv. 2):

Location: 0.5 cun proximal to the margin of the web between the 1st and 2nd toes. (See Fig. 98.)

Indications: Irregular menstruation, urethritis, enuresis, pain in the costal region, hypertension, epilepsy, insomnia, redness and swelling of eye.

Puncture: Obliquely 0.3-0.5 inch.

3. Taichong (Liv. 3):

Location: Between the 1st and 2nd toe, 2 cun proximal to the margin of the web. (See Fig. 98.)

Indications: Headache, dizziness, epilepsy, convulsions in children and infants, eye diseases, hernia, uterine bleeding, mastitis.

Puncture: 0.5-1.0 inch obliquely upward.

4. Zhongfeng (Liv. 4):

Location: 1 cun anterior to the medial malleolus, in the depression medial to the tendon of m. tibialis anticus. (See Fig. 98.)

Indications: Pain in the lower abdomen, retention of urine, hernia, spermatorrhea, pain in the penis.

Puncture: Perpendicularly 0.3-0.5 inch.

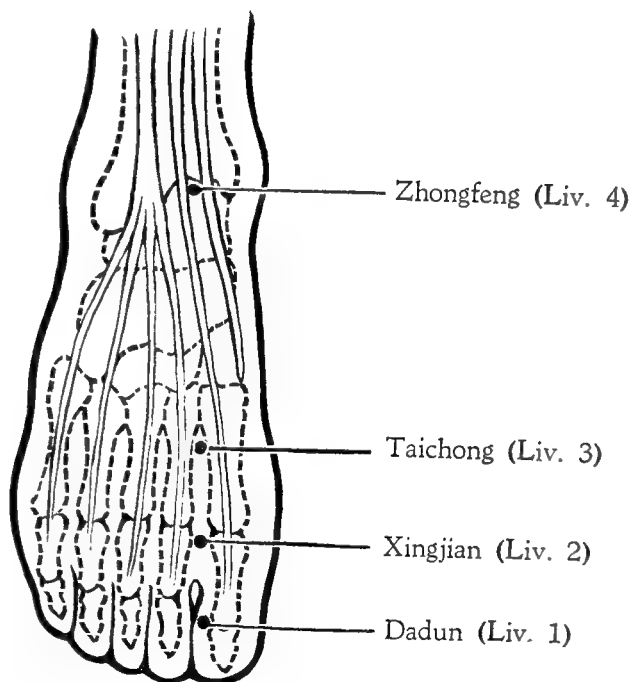


Fig. 98

5. Ligou (Liv. 5):

Location: 5 cun superior to the medial malleolus, on the posterior border of the tibia. (See Fig. 99.)

Indications: Inflammation of the pelvic organs, retention of urine, spermatorrhea, impotence.

Puncture: Perpendicularly 0.5-1.0 inch along posterior border of the tibia.

6. Zhongdu (Liv. 6):

Location: 7 cun superior to the tip of the medial malleolus, on the posterior border of the tibia. (See Fig. 99.)

Indications: Irregular menstruation, hernia, pain in the joints of lower extremities.

Puncture: Perpendicularly or obliquely 0.5-1.5 inches.

7. Xiguan (Liv. 7):

Location: In the posterior and inferior aspect of the medial condyle of the tibia, 1 cun posterior to Yinlingquan (Sp. 9).

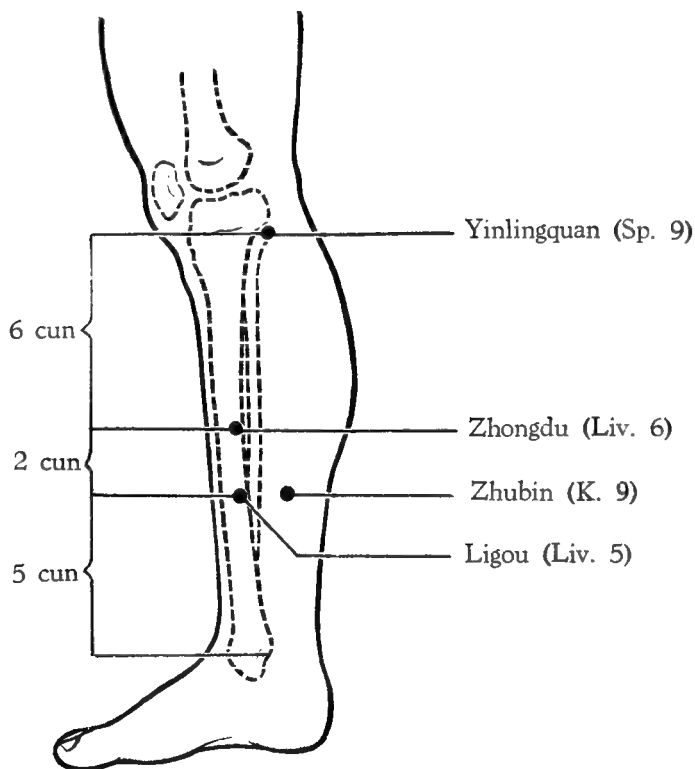


Fig. 99

Indications: Pain in the knee joint.

Puncture: Perpendicularly 1.0-1.5 inches.

8. Ququan (Liv. 8):

Location: At the medial end of the transverse crease of the knee joint, in a depression at the anterior border of m. semimembranosus and m. semitendinosus. (See Fig. 100.)

Indications: Infection of urogenital system, spermatorrhea, impotence, hernia, disorders of the knee joint and its surrounding soft tissue.

Puncture: Perpendicularly 1.0-1.5 inches.

9. Yinbao (Liv. 9):

Location: 4 cun superior to the medial epicondyle of the femur, between m. vastus medialis and m. sartorius. (See Fig. 101.)

Indications: Lumbago, pain in the lower abdomen, enuresis, irregular menstruation.

Puncture: Perpendicularly 1.0-2.0 inches.

10. Femur-Wuli (Liv. 10):

Location: 1 cun below Yinlian (Liv. 11) in the medial aspect of thigh. (See Fig. 101.)

Indications: Distention in lower abdomen, retention of urine, enuresis, eczema of the scrotum.

Puncture: Perpendicularly 1.0-2.0 inches.

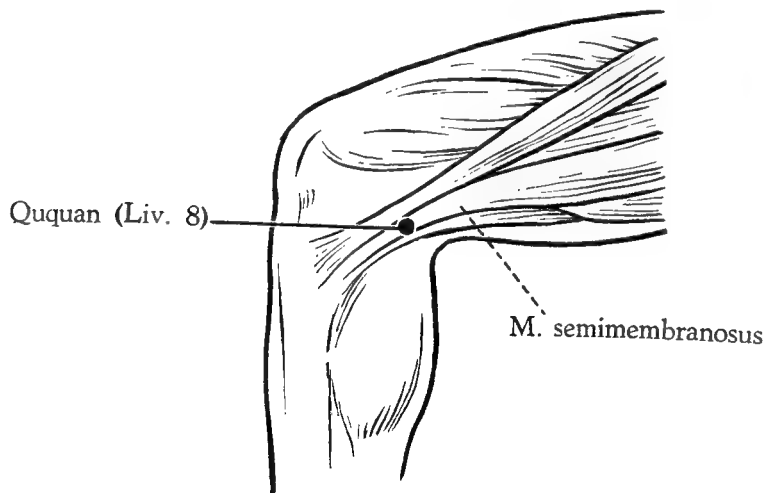


Fig. 100

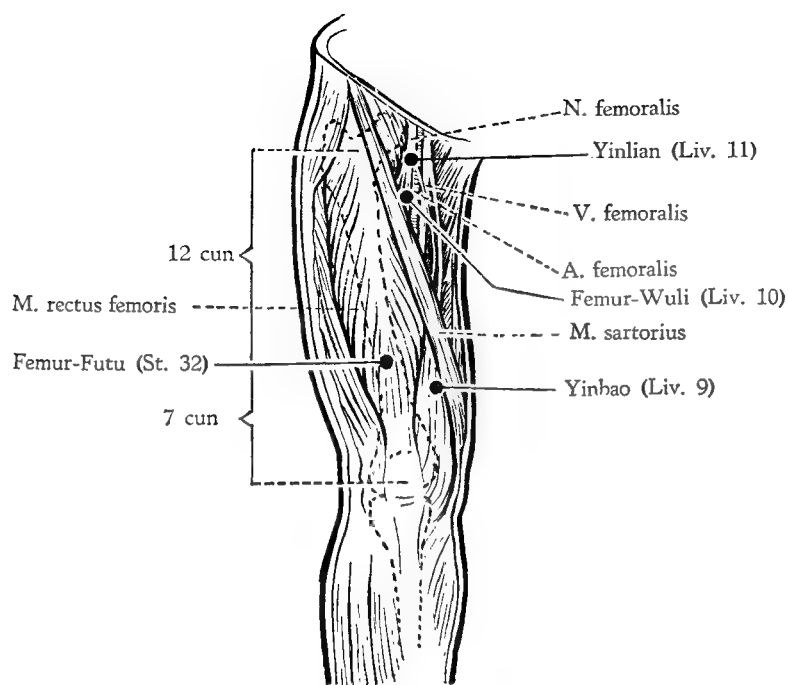


Fig. 101

11. Yinlian (Liv. 11):

Location: 1 cun inferior to the lateral aspect of the femoral artery in the inguinal groove. (See Fig. 101.) Locate the point with patient in supine position.

Indications: Femoral neuralgia, lumbago, pain in leg, paralysis of lower extremities, irregular menstruation.

Puncture: Perpendicularly 1.0-1.5 inches slightly laterally.

12. Jimai (Liv. 12):

Location: 2.5 cun lateral to and 1 cun inferior to the superior border of the pubic symphysis, at the lower portion of the inguinal groove.

Indications: Pain in the penis, prolapse of the uterus, pain in the lower abdomen, pain in the medial aspect of thigh.

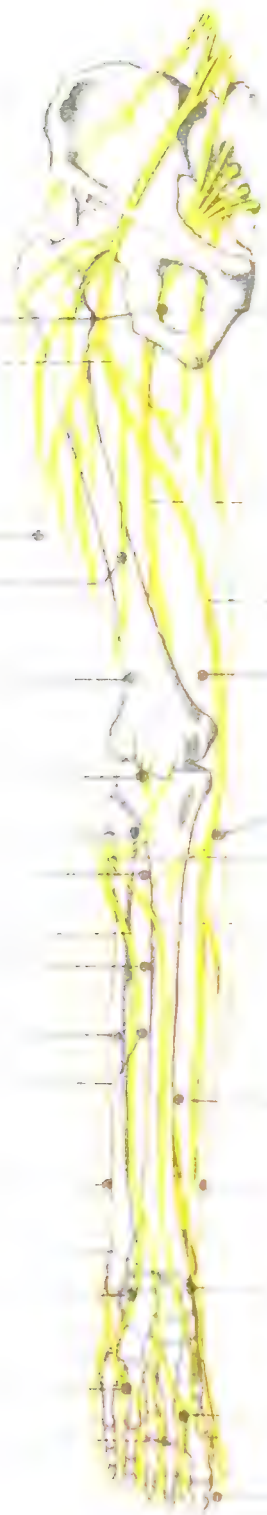
Puncture: Perpendicularly 0.5-1.0 inch, avoiding artery.

13. Zhangmen (Liv. 13):

Location: On the free end of the 11th rib. (See Fig. 103.)

Indications: Splenomegalia, diarrhea, abdominal distention, pain in the costal region.

Puncture: Perpendicularly 0.5-0.8 inch.



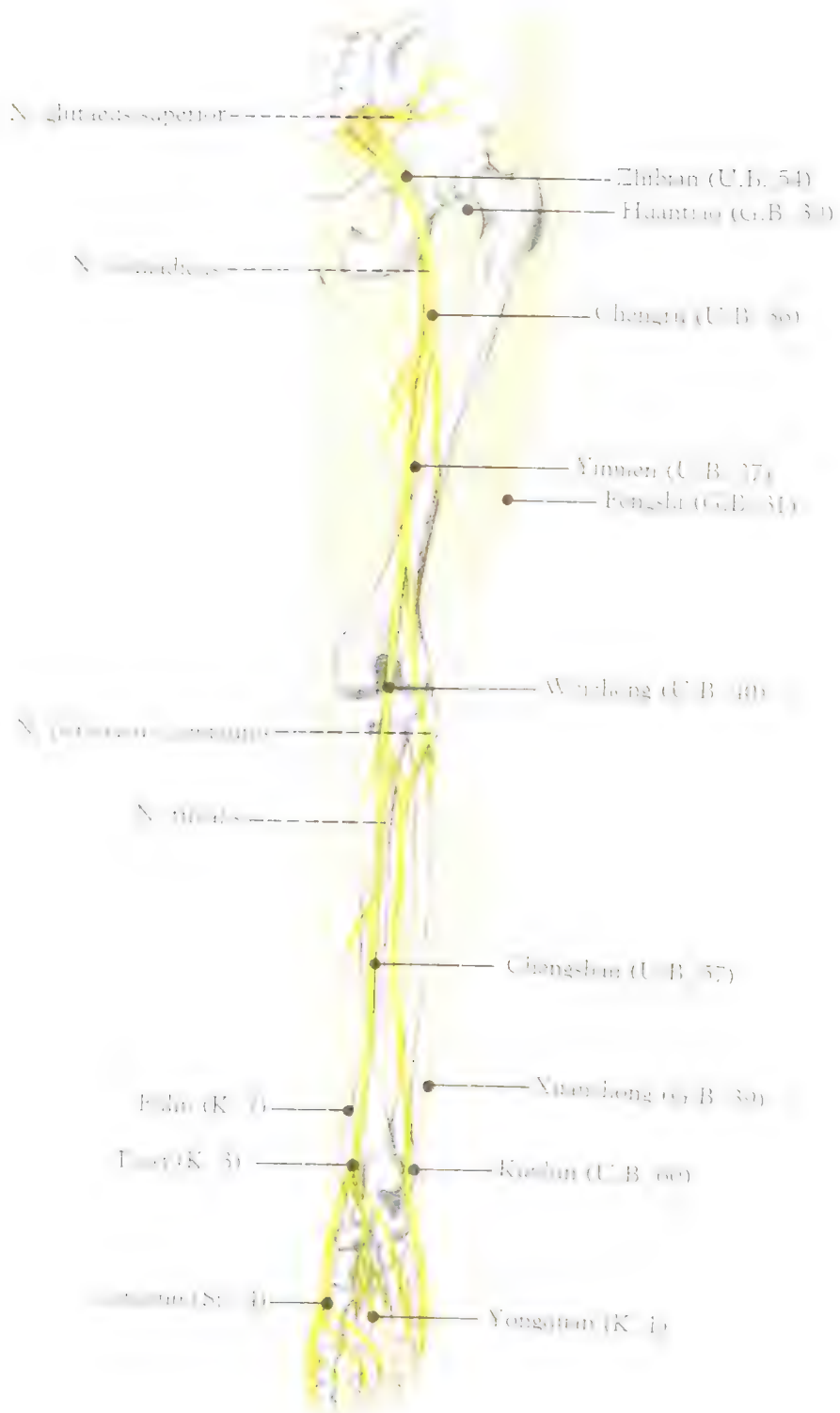


Fig. 102b. The Relationship Between the Main Points of the Posterior Aspect of the Lower Extremities and the Nerves

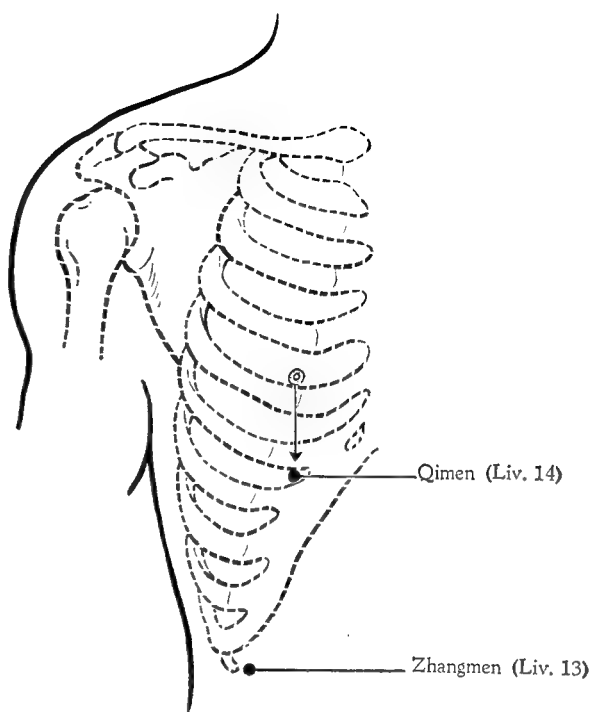


Fig. 103

14. Qimen (Liv. 14):

Location: On the mammillary line, directly below the nipple, in the intercostal space of the 6th and 7th ribs. (See Fig. 103.)

Indications: Pleuritis, hepatitis, chest pain, pain in the hypochondriac region.

Puncture: 0.3-0.5 inch obliquely, or 0.5-1.0 inch horizontally along the skin.

(13) THE DU (BACK MIDLINE) CHANNEL

— 28 Points —

1. Changqiang (Du 1):

Location: Midway between the tip of the coccyx and the anus, located with the patient in prone or knee-chest position. (See Fig. 105.)

Indications: Hemorrhoids, prolapse of rectum, diarrhea.

Puncture: Perpendicularly 0.5-1.0 inch directly below coccyx.

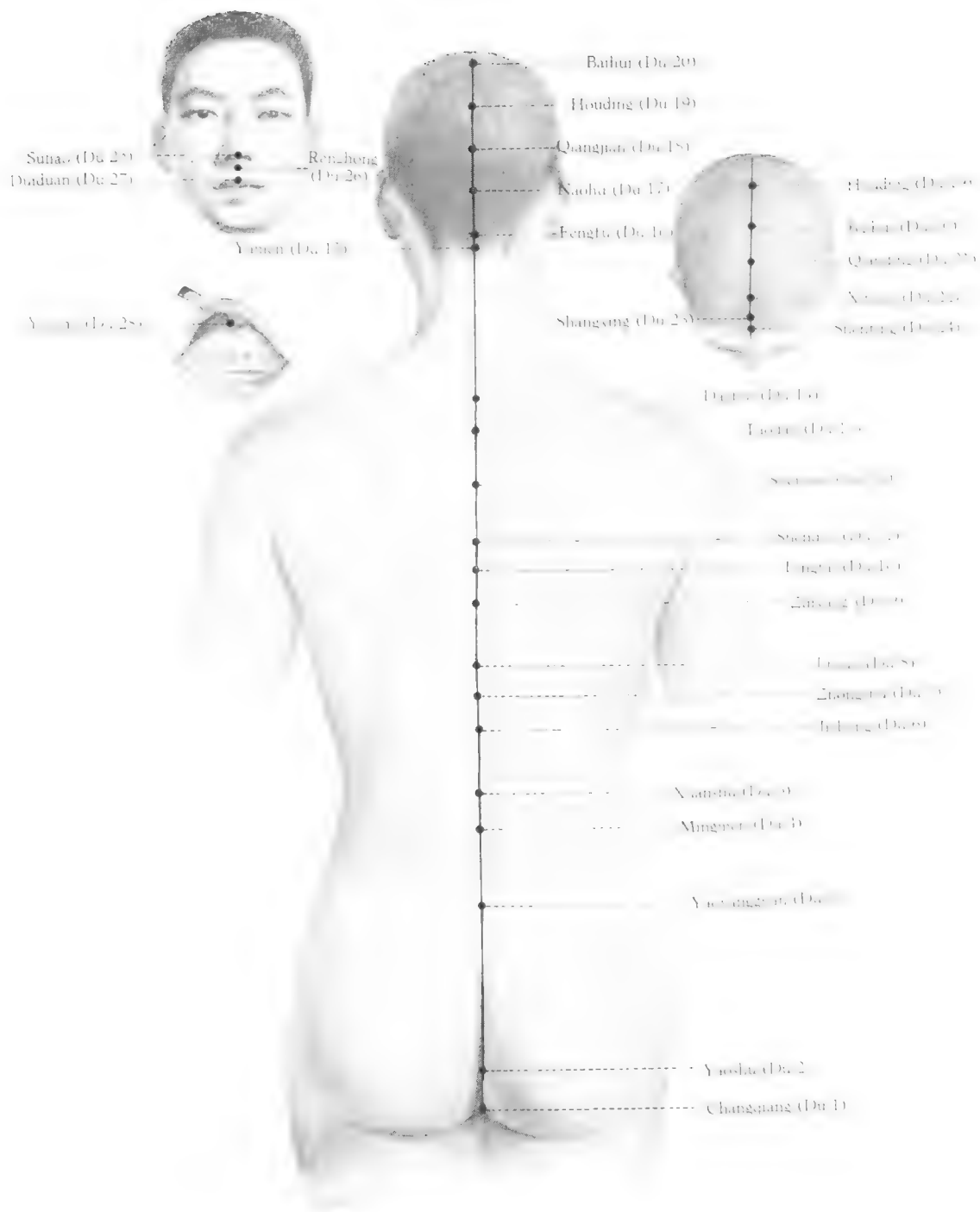


Fig. 104. The Du (Back Midline) Channel



Fig. 105

2. Yaoshu (Du 2):

Location: At the junction between the sacrum and the coccyx, at the hiatus of the sacrum.

Indications: Pain in the sacro-lumbar region, irregular menstruation, spermatorrhea, impotence, enteritis, diarrhea.

Puncture: Obliquely 0.5-1.0 inch upward.

3. Yaoyangguan (Du 3):

Location: In the interspace of the spinous process between the

4th and 5th lumbar vertebrae. Locate the point with the patient in prone position.

Indications: Lumbago, spermatorrhea, impotence.

Puncture: Perpendicularly 1.0-1.5 inches with needle tilted upward.

4. Mingmen (Du 4):

Location: With the patient in prone position, it is between the spinous process of the 2nd and 3rd lumbar vertebrae, at the midline. (See Fig. 106.)

Indications: Lumbago, spermatorrhea, impotence.

Puncture: Perpendicularly 1.0-1.5 inches with needle tilted slightly upward.

5. Xuanshu (Du 5):

Location: Below the spinous process of the 1st lumbar vertebra. Locate the point with the patient in prone position.

Indications: Lumbago, back pain, dyspepsia, enteritis, diarrhea.

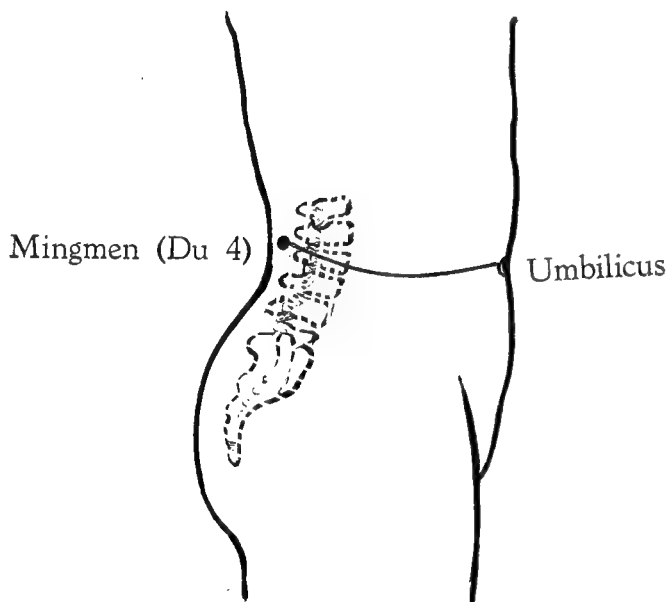


Fig. 106

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

6. Jizhong (Du 6):

Location: Below the spinous process of the 11th thoracic vertebra. Locate the point with patient in prone position.

Indications: Epilepsy, hemorrhoids with bleeding.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

7. Zhongshu (Du 7):

Location: With the patient in prone position, it is below the spinous process of the 10th thoracic vertebra.

Indications: Back pain, gastralgia, anorexia, failing eyesight.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

8. Jinsuo (Du 8):

Location: Below the spinous process of the 9th thoracic vertebra. Locate the point with the patient in prone position.

Indications: Back pain, gastralgia, neurasthenia, epilepsy, hysteria.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

9. Zhiyang (Du 9):

Location: Below the spinous process of the 7th thoracic vertebra, level to the inferior angle of the scapula.

Indications: Cough, dyspnea, jaundice, gastralgia, chest and back pain, stiffness of the spinal column.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

10. Lingtai (Du 10):

Location: Below the spinous process of the 6th thoracic vertebra.

Indications: Asthma, bronchitis, lumbago and back pain, gastralgia.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

11. Shendao (Du 11):

Location: Below the spinous process of the 5th thoracic vertebra. Locate the point with patient in prone position.

Indications: Poor memory, anxiety, stiffness of back, cough.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

12. Shenzhu (Du 12):

Location: Below the spinous process of the 3rd thoracic vertebra. Locate the point with patient in prone position.

Indications: Cough, dyspnea, epilepsy, stiffness and pain in back.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

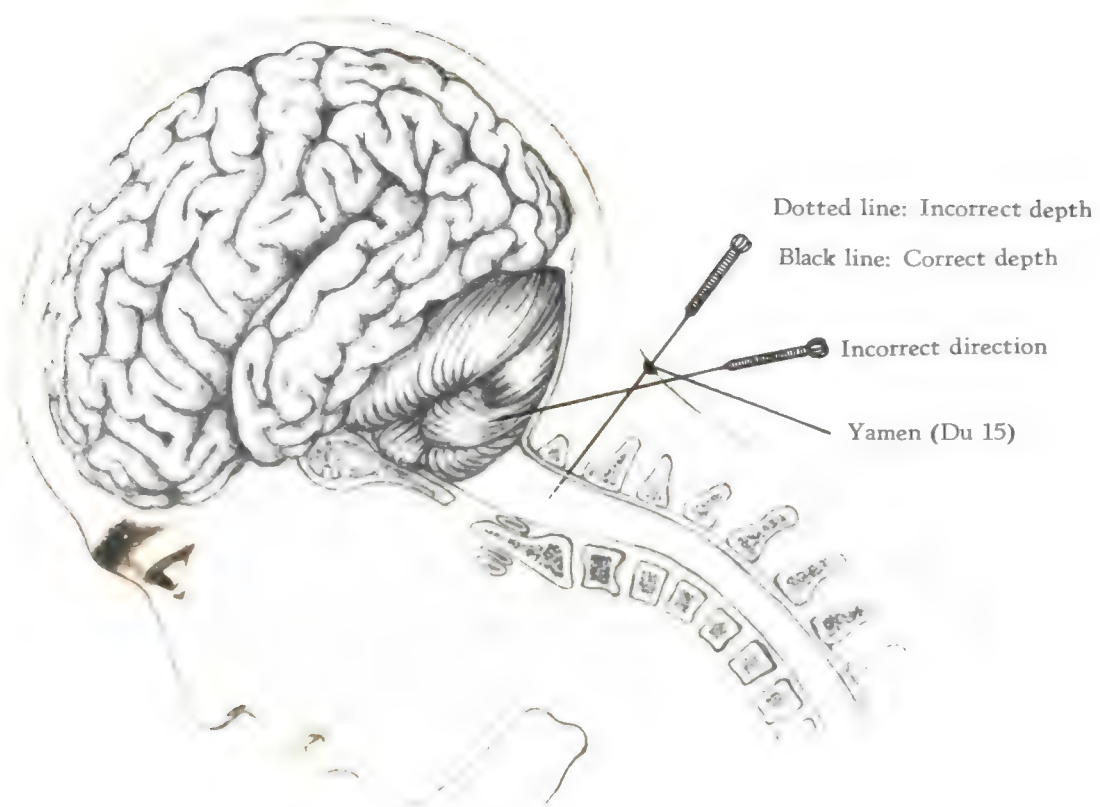


Fig. 107

13. Taodao (Du 13):

Location: Below the spinous process of the 1st thoracic vertebra. Locate the point with patient in prone position.

Indications: Stiffness of back, headache, malaria, febrile diseases, epilepsy.

Puncture: Obliquely 0.5-1.0 inch, slightly upward.

14. Dazhui (Du 14):

Location: Between the 7th cervical vertebra and the spinous process of the 1st thoracic vertebra.

Indications: Fever, heat stroke, malaria, schizophrenia, epilepsy, asthma, eczema.

Puncture: Perpendicularly 0.5-1.5 inches, or tilting upward at a slight slant. Deeper puncture is not advisable.

15. Yamen (Du 15):

Location: At the nape, 0.5 cun above the hairline, between the spinous process of the 1st and 2nd cervical vertebrae. (See Fig. 90.)

Indications: Deafness and muteness, posterior headache, stiffness of neck, schizophrenia, neurosis.

Puncture: Ask patient to bend neck slightly, insert needle perpendicularly and slowly towards the mandible to a depth generally not exceeding 1.5 inches. Manipulating the needle is not advisable. (See Fig. 107.)

16. Fengfu (Du 16):

Location: Directly below the occipital protuberance, in the midline, in a depression 1 cun above the hairline.

Indications: Cold, headache, mental disorders, apoplexy.

Puncture: Perpendicularly 0.5-0.8 inch.

17. Naohu (Du 17):

Location: 1.5 cun above Fengfu (Du 16), superior to the occipital protuberance.

Indications: Stiffness and pain in the neck, headache, dizziness, epilepsy.

Puncture: Obliquely 0.5-0.8 inch.

18. Qiangjian (Du 18):

Location: 1.5 cun above Naohu (Du 17), midway between Fengfu (Du 16) and Baihui (Du 20).

Indications: Headache, vomiting, dizziness.

Puncture: Obliquely 0.5-0.8 inch.

19. Houding (Du 19):

Location: 1.5 cun anterior to Qiangjian (Du 18).

Indications: Headache, dizziness and vertigo.

Puncture: Obliquely 0.5-0.8 inch.

20. Baihui (Du 20):

Location: 7 cun above the posterior hairline, midway on a line connecting the apex of both ears. (See Fig. 108.)

Indications: Epilepsy, schizophrenia, apoplexy, headache.

Puncture: 0.3 inch horizontally posteriorly.

21. Qianding (Du 21):

Location: 1.5 cun anterior to Baihui (Du 20).

Indications: Vertical headache, dizziness and vertigo, facial swelling, convulsions in children and infants.

Puncture: Obliquely 0.5-0.8 inch.

22. Xinhui (Du 22):

Location: 3 cun anterior to Baihui (Du 20).

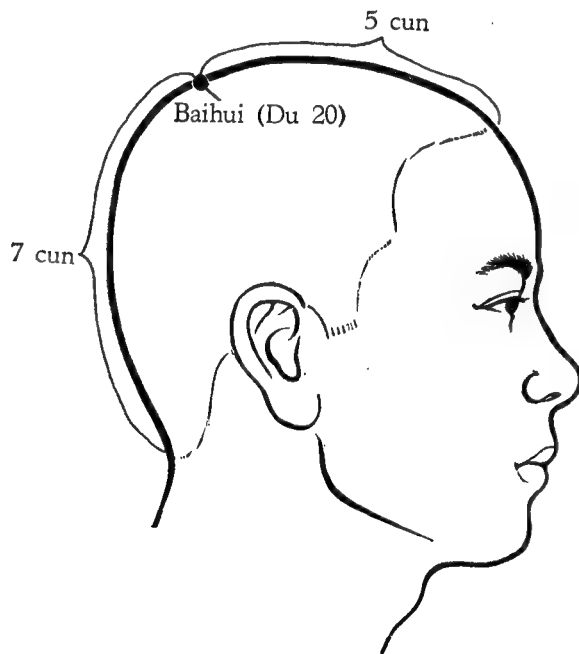


Fig. 108

Indications: Headache, dizziness and vertigo, nasal obstruction, epistaxis, convulsions in children and infants.

Puncture: Obliquely 0.5-0.8 inch.

23. Shangxing (Du 23):

Location: 1 cun above the middle of the anterior hairline, 4 cun anterior to Baihui (Du 20).

Indications: Headache, eye diseases, rhinitis, nasal obstruction, epistaxis.

Puncture: Obliquely 0.5-0.8 inch.

24. Shenting (Du 24):

Location: 0.5 cun above the midpoint of the anterior hairline.

Indications: Frontal headache, dizziness and vertigo, rhinitis, epilepsy, anxiety, insomnia.

Puncture: Obliquely 0.5-0.8 inch.

25. Suliao (Du 25):

Location: At the tip of the nose. (See Fig. 104.)

Indications: Nasal obstruction, epistaxis, abscess in nose, rosacea, rhinitis, shock.

Puncture: Perpendicularly 0.2-0.3 inch.

26. Renzhong (Du 26):

Location: In the midline at the junction of the upper and lower two-thirds of the upper lip. (See Fig. 104.)

Indications: Shock, heat stroke, lumbago, epilepsy, facial paralysis.

Puncture: 0.3-0.5 inch, needle point tilted upward.

27. Duiduan (Du 27):

Location: On the median tubercle of the upper lip, at the junction of the philtrum and the upper lip. (See Fig. 104.)

Indications: Toothache, thrush, foul breath.

Puncture: Obliquely 0.2-0.3 inch.

28. Yinjiao (Du 28):

Location: Between the upper lip and the upper gum in the labial frenum. (See Fig. 104.)

Indications: Pain and swelling of the gum, hemorrhoids.

Puncture: Obliquely upward, 0.1-0.2 inch, or prick with three-edged needle and let out blood.

(14) THE REN (FRONT MIDLINE) CHANNEL

— 24 Points —

1. Huiyin (Ren 1):

Location: In the centre of the perineum, between the anus and the scrotum in the male or the anus and the posterior labial commissure in the female. (See Fig. 109.)

Indications: Hemorrhoids, urethritis, pain in the penis, irregular menstruation, prolapse of the uterus.

Puncture: Perpendicularly 0.5-1.0 inch.

2. Qugu (Ren 2):

Location: In the superior border of the pubic symphysis, on the midline of the abdomen. Locate this point in supination. (See Fig. 110.)

Indications: Spermatorrhea, impotence, irregular menstruation, leukorrhea, menorrhagia, pelvic inflammation, incontinence or retention of urine.

Puncture: Perpendicularly 1.0-2.0 inches.

3. Zhongji (Ren 3):

Location: 4 cun below the umbilicus, on the midline of the abdomen. (See Fig. 110.) Locate this point in supination.

Indications: Same as Qugu (Ren 2).

Puncture: Same as Qugu (Ren 2).

4. Guanyuan (Ren 4):

Location: 3 cun below the umbilicus, on the midline of the abdomen. (See Fig. 110.) Locate this point in supination.

Indications: Spermatorrhea, impotence, menorrhagia, irregular menstruation, diarrhea, enuresis. This point is also used for tonic purposes.

Puncture: Perpendicularly 1.0-1.5 inches.

5. Shimen (Ren 5):

Location: 2 cun below the umbilicus, on the midline of the abdomen.

Indications: Abdominal distention, edema, dysuresis, irregular menstruation, amenorrhea, leukorrhea.

Puncture: Perpendicularly 1.5-2.0 inches.

6. Qihai (Ren 6):

Location: 1.5 cun below the umbilicus, on the midline of abdomen. (See Fig. 110.) Locate this point in supination.

Indications: Abdominal distention, abdominal pain, irregular menstruation, uterine bleeding, enuresis, spermatorrhea, neurasthenia.

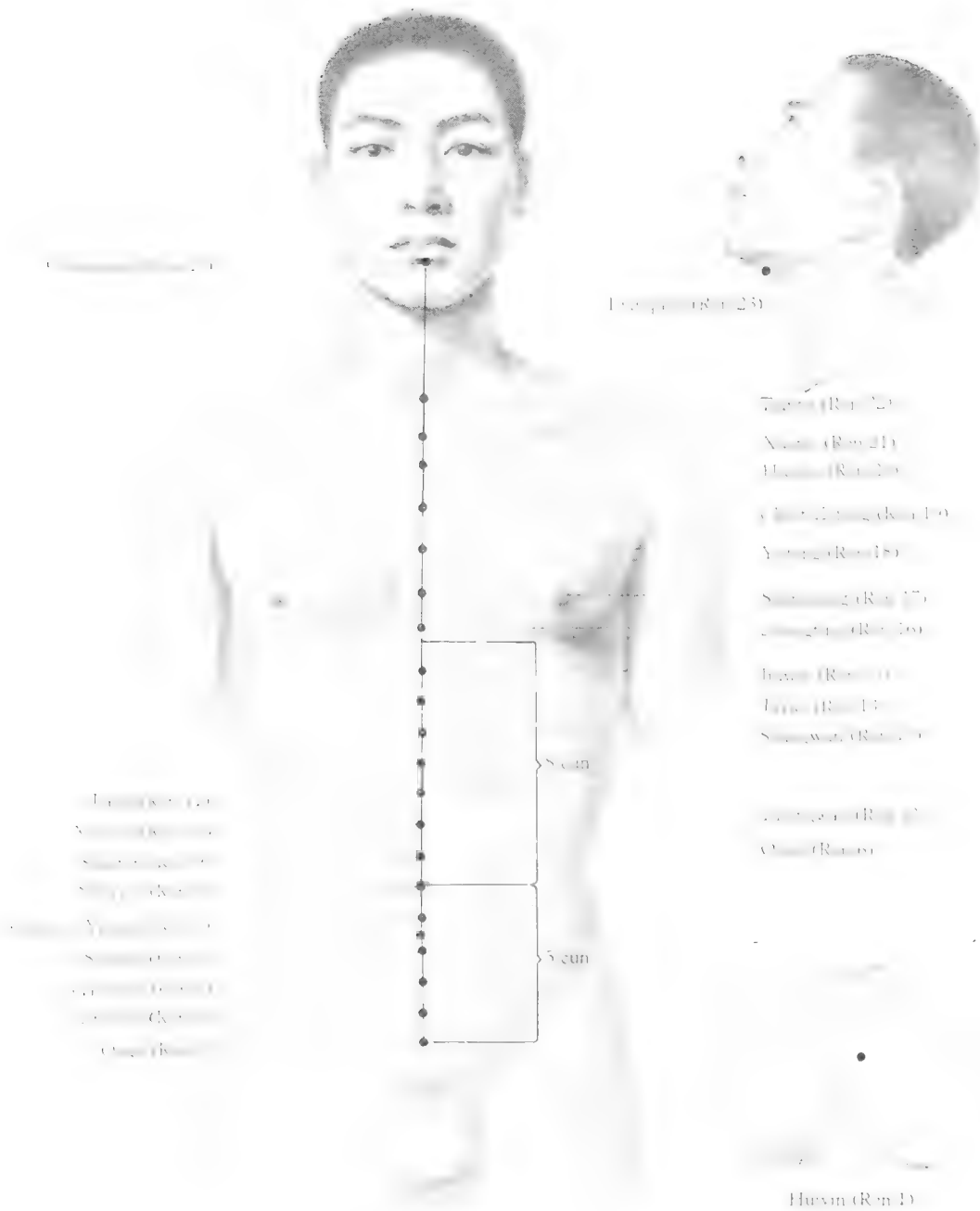


Fig. 109. The Ren (Front Midline) Channel

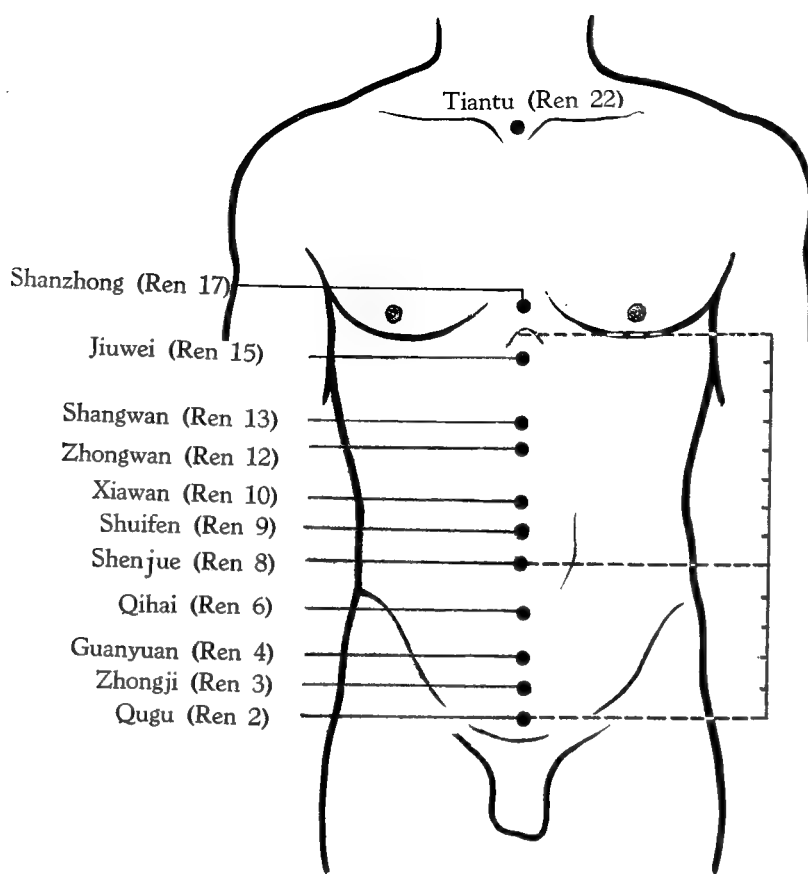


Fig. 110

Puncture: Perpendicularly 1.0-2.0 inches.

Note: It is advisable to apply moxibustion on this point for asthenic patients.

7. Abdomen-Yinjiao (Ren 7):

Location: 1 cun below the umbilicus, on the midline of the abdomen.

Indications: Urethritis, endometritis, irregular menstruation, postpartum pain, pruritus vulvae, hernia.

Puncture: Perpendicularly 1.0-2.0 inches.

8. Shenjue (Ren 8):

Location: In the centre of the umbilicus. (See Fig. 110.)

Indications: Apoplexy* of the flaccid type, abdominal pain, diarrhea.

Moxibustion: With moxa-cone on top of ginger or salt. (For manipulation see Chapter 1-C.) Or apply moxa-stick for 10 to 15 minutes.

* See p. 257.

9. Shuifen (Ren 9):

Location: 1 cun above the umbilicus, on the midline of the abdomen.
(See Fig. 110.)

Indications: Dysuresis, edema, borborygmus, diarrhea.

Puncture: Perpendicularly 1.0-2.0 inches.

10. Xiawan (Ren 10):

Location: 2 cun above the umbilicus, on the midline of the abdomen.
(See Fig. 110.)

Indications: Gastralgia, dyspepsia, gastroptosis, enteritis.

Puncture: Perpendicularly 1.0-2.0 inches.

11. Jianli (Ren 11):

Location: 3 cun above the umbilicus, on the midline of the abdomen.

Indications: Gastralgia, vomiting, dyspepsia, edema, peritonitis.

Puncture: Perpendicularly 1.0-2.0 inches.

12. Zhongwan (Ren 12):

Location: Midpoint on a line connecting the xyphoid process with the umbilicus. (See Fig. 110.) Locate this point with patient in supine position.

Indications: Gastralgia, gastroptosis, vomiting, dyspepsia, abdominal distention.

Puncture: Perpendicularly 1.0-2.0 inches.

13. Shangwan (Ren 13):

Location: 5 cun above umbilicus, on the midline of the abdomen. (See Fig. 110.)

Indications: Gastritis, gastric ulcer, vomiting, abdominal distention, hiccough.

Puncture: Perpendicularly 1.0-2.0 inches.

14. Jujue (Ren 14):

Location: 6 cun above the umbilicus, on the midline of the abdomen.

Indications: Anxiety, palpitation, gastralgia, vomiting.

Puncture: 1 inch obliquely downward.

15. Jiuwei (Ren 15):

Location: 7 cun above the umbilicus. (See Fig. 110.)

Indications: Pain in cardiac region, gastralgia, vomiting, hiccough, epilepsy, mental disorders.

Puncture: 0.5-1.0 inch obliquely downward.

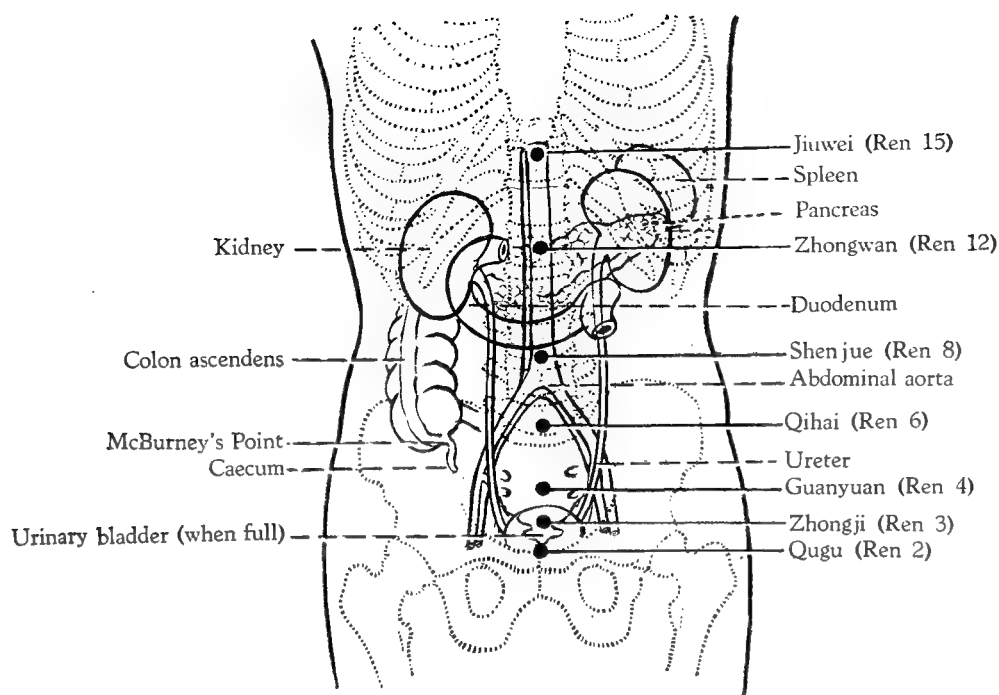


Fig. 111. The Relationship Between the Points of the Ren Channel of the Abdominal Region and the Internal Organs

16. Zhongting (Ren 16):

Location: In the midline of the sternum, at the level of the 5th intercostal space, 1.6 cun below Shanzhong (Ren 17).

Indications: Asthma, cough, infantile milk regurgitation, vomiting.

Puncture: Obliquely 0.3-0.5 inch.

17. Shanzhong (Ren 17):

Location: Midway between the two nipples. (See Fig. 110.) Locate this point with patient in supine position.

Indications: Bronchitis, bronchial asthma, thoracalgia, fullness of chest, hiccough.

Puncture: 0.5-1.0 inch horizontally, with needle tilted upward, downward or laterally.

18. Yutang (Ren 18):

Location: On the midline of abdomen, 1.6 cun above Shanzhong (Ren 17), at the level of the 3rd intercostal space.

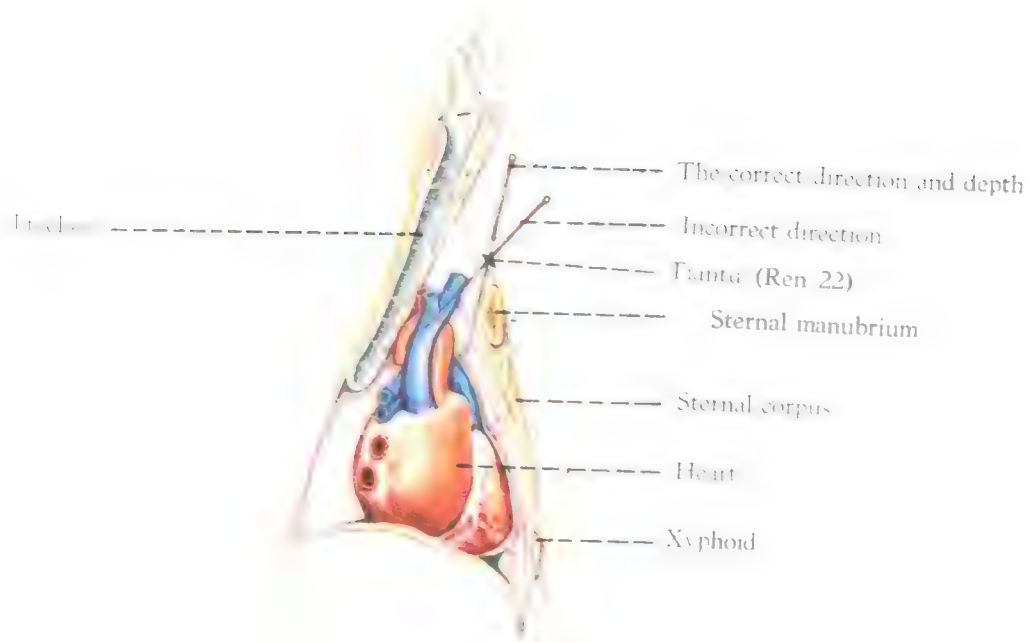


Fig. 112. The Direction and the Depth of Needle Insertion

Indications: Bronchitis, asthma, pleuritis, vomiting.

Puncture: 0.3-0.5 inch obliquely.

19. Chest-Zigong (Ren 19):

Location: On the midline of the sternum, 3.2 cun above Shanzhong (Ren 17), at the level of the 2nd intercostal space.

Indications: Bronchitis, pulmonary tuberculosis, pleuritis.

Puncture: Obliquely 0.3-0.5 inch.

20. Huagai (Ren 20):

Location: On the midline of the sternum, at the junction of the sternal manubrium and the body of the sternum.

Indications: Pharyngitis, cough and asthma, thoracalgia.

Puncture: Obliquely 0.3-0.5 inch.

21. Xuanji (Ren 21):

Location: On the midline of the sternum, 1 cun below Tiantu (Ren 22).

Indications: Thoracalgia, cough and asthma, pain and swelling of the throat.

Puncture: Obliquely 0.3-0.5 inch.

22. Tiantu (Ren 22):

Location: At the centre of the suprasternal fossa 0.5 cun above the sternal notch. (See Fig. 110.)

Indications: Bronchial asthma, bronchitis, pharyngitis, hiccough.

Puncture: Perpendicularly 0.2-0.3 inch, then insert needle to a depth of 1.0-1.5 inches along the posterior border of the sternum and the anterior border of the trachea. (See Fig. 112.)

23. Lianquan (Ren 23):

Location: In the midline of the neck, midway between the tip of the cricoid cartilage and the border of the mandible. (See Fig. 109.)

Indications: Aphasia, pharyngitis, laryngitis.

Puncture: 1.0-1.5 inches obliquely towards root of the tongue.

24. Chengjiang (Ren 24):

Location: At the depression in the middle of the mental labial groove. (See Fig. 113.)

Indications: Facial paralysis, swelling of the gum, toothache, salivation.

Puncture: Perpendicularly 0.2-0.3 inch.

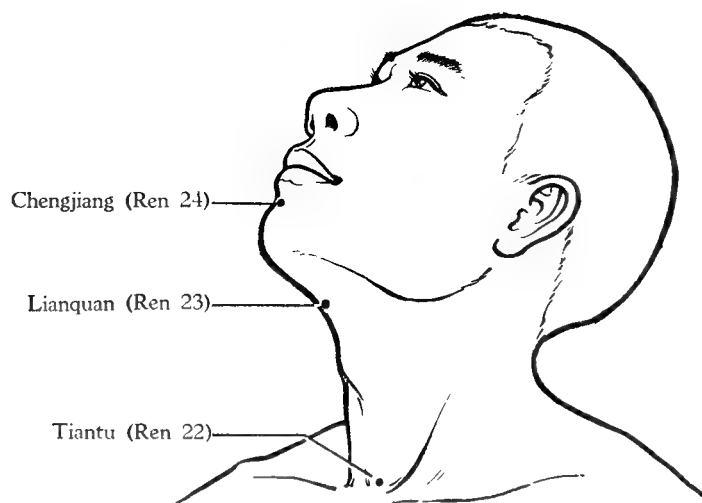


Fig. 113

C. THE EXTRAORDINARY POINTS

(1) POINTS OF THE HEAD REGION

1. Yintang (Extra 1):

Location: Midway between the medial end of the two eyebrows (the glabella). (See Fig. 114.)

Indications: Diseases of the nose, headache, dizziness and vertigo.

Puncture: 0.5-0.8 inch horizontally downward along the skin.

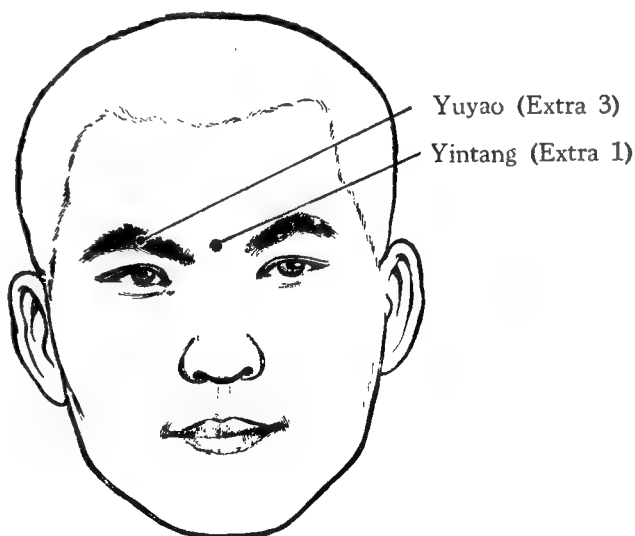


Fig. 114

2. Taiyang (Extra 2):

Location: In the depression 1 cun posterior to midpoint between the lateral end of the eyebrow and the outer canthus. (See Fig. 115.)

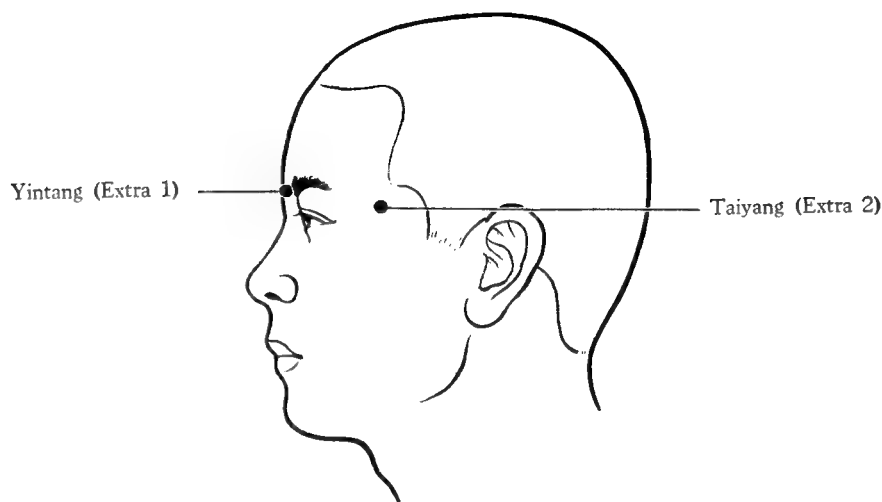


Fig. 115

Indications: Migraine, trigeminal neuralgia, eye diseases, toothache, facial paralysis.

Puncture: Perpendicularly 0.5-0.8 inch, or obliquely downward 1.0-1.5 inches, or prick to cause bleeding with the three-edged needle.

3. Yuyao (Extra 3):

Location: In the middle of the eyebrow directly above the pupil. (See Fig. 114.)

Indications: Pain in the superciliary arch, eye diseases, facial paralysis.

Puncture: 0.5-0.8 inch horizontally along the skin.

4. Qiuhou (Extra 4):

Location: Midway between the junction of lateral fourth and medial three-fourths of the infraorbital border and the eyeball. (See Fig. 45.)

Indications: Myopia, atrophy of the optic nerve, optic neuritis, glaucoma, turbidity of the vitreous body.

Puncture: Perpendicularly 1 inch. After the needle is inserted into the orbit, direct it slightly medially and superiorly towards the optic foramen.

5. Jiachengjiang (Extra 5):

Location: 1 cun lateral to Chengjiang (Ren 24). (See Fig. 116.)

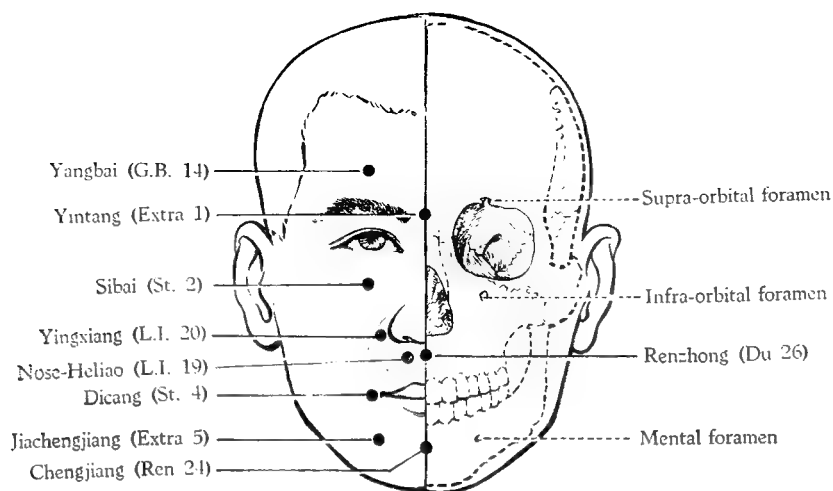


Fig. 116

Indications: Trigeminal neuralgia, facial paralysis.

Puncture: Perpendicularly 0.2-0.3 inch.

6. Sishencong (Extra 6):

Location: At the vertex, 1 cun posterior, anterior and lateral to Pt. Baihui (Du 20).

Indications: Headache, dizziness, apoplexy, epilepsy.

Puncture: 0.3-1.0 inch horizontally subcutaneously.

7. Yiming (Extra 7):

Location: 1 cun posterior to Yifeng (S.J. 17), on the lower border of the mastoid. (See Fig. 117.)

Indications: Atrophy of the optic nerve, myopia, cataract, tinnitus, insomnia, parotitis.

Puncture: 0.5-1.0 inch perpendicularly or obliquely towards cricoid cartilage or tip of nose.

8. Anmian I (Extra 8):

Location: Between Yifeng (S.J. 17) and Yiming (Extra 7). (See Fig. 117.)

Indications: Insomnia, schizophrenia.

Puncture: Perpendicularly 1.5-2.0 inches.

9. Anmian II (Extra 9):

Location: Between Yiming (Extra 7) and Fengchi (G.B. 20). (See Fig. 117.)

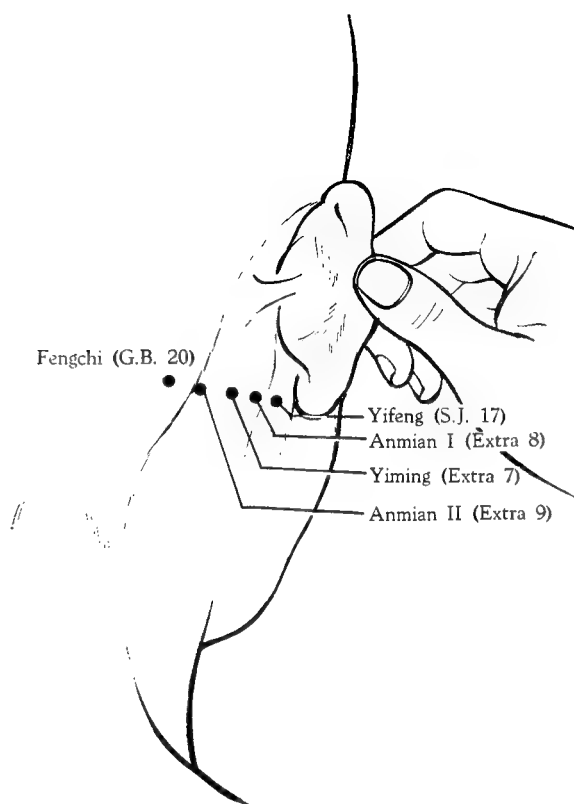


Fig. 117

Indications: Insomnia.

Puncture: Perpendicularly 1.5 inches.

10. Jinjin, Yuye (Extra 10):

Location: With the tongue flexed upward, these points are on both sides of the sublingual veins. The point on the left side is Jinjin; that on the right is Yuye.

Indications: Nausea, vomiting, swelling of the tongue, thrush.

Puncture: Flex tongue upward, prick with three-edged needle to cause bleeding at the veins on the root of the tongue.

11. Zengyin (Extra 11):

Location: At the left and right sides of the thyroid cartilage, in a depression.

Indications: Muteness.

Puncture: 1 inch, upward towards the opposite side.

12. Shanglianquan (Extra 12):

Location: 1 cun below the midpoint of the mandible. Locate the point with head tilted upward.

Indications: Muteness.

Puncture: 1.5-2.0 inches obliquely with needle tilted upward towards root of tongue.

13. Jingbi (Extra 13):

Location: With head turned sideways, the point is at the junction of the medial third and lateral two-thirds of the clavicle, at the lateral border of the head of the clavicle of the m. sterno-cleido-mastoideus. Locate this point with patient in supine position with flat pillow or no pillow.

Indications: Numbness and pain of hand and arm, paralysis of upper extremities.

Puncture: Perpendicularly 0.5-0.8 inch. To avoid injury to the apex of lung, it is advisable not to insert needle downward. Satisfactory needling sensation may be obtained without deep puncture.

(2) POINTS OF THE THORACIC AND ABDOMINAL REGIONS

14. Weishang (Extra 14):

Location: 2 cun above umbilicus, 4 cun lateral to midline. (See Fig. 118.)

Indications: Gastroparesis.

Puncture: 1.5-2.0 inches downward horizontally along the skin towards the umbilicus.

Moxibustion: 5-15 minutes with moxa-stick.

15. Weibao (Extra 15):

Location: On a level with Guanyuan (Ren 4) in the inguinal groove about 4 cun lateral to Guanyuan. (See Fig. 118.)

Indications: Prolapse of the uterus.

Puncture: Obliquely 1.5-3.0 inches downward, till sensation radiates to the lower abdomen and genitalia.

16. Abdomen-Zigong (Extra 16):

Location: 3 cun lateral to Zhongji (Ren 3). (See Fig. 118.)

Indications: Gynecological diseases.

Puncture: Perpendicularly 1.0-1.5 inches. Obliquely 1.5-3.0 inches.

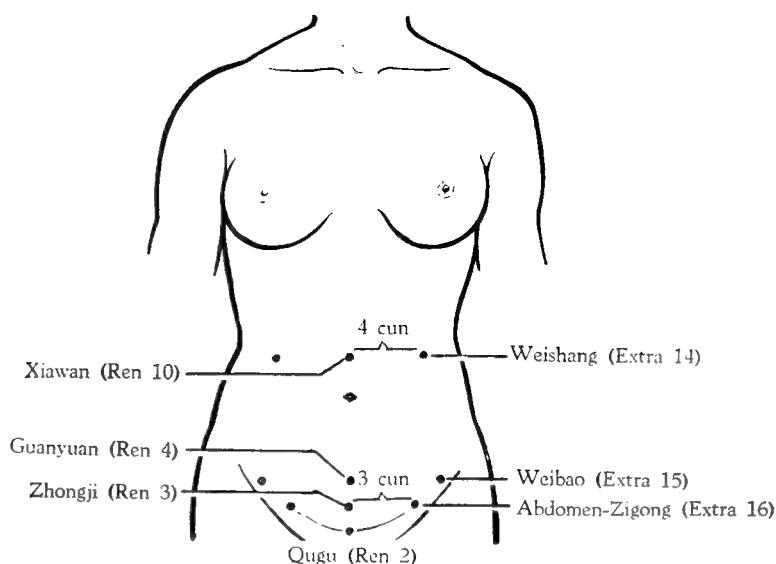


Fig. 118

(3) POINTS OF THE LUMBO-DORSAL REGION

17. Dingchuan (Extra 17):

Location: 0.5 cun lateral to Dazhui (Du 14). (See Fig. 119.)

Indications: Bronchial asthma, cough.

Puncture: Perpendicularly 0.5-1.0 cun, directing needle slightly medially.

18. Wuming (Extra 18):

Location: In the depression below the spinous process of the 2nd thoracic vertebra. Ask patient to bend neck to locate the point. (See Fig. 119.)

Indications: Mania.

Puncture: 0.5-1.0 inch obliquely upward.

19. Shiqizhui (Extra 19):

Location: In the depression below the spinous process of the 5th lumbar vertebra. (See Fig. 119.)

Indications: Disorders of the lumbo-sacral region.

Puncture: Perpendicularly 1.0-2.0 inches.

20. Yaoqi (Extra 20):

Location: 2 cun directly above the coccyx.

Indications: Epilepsy.

Puncture: 1.0-2.0 inches upward, horizontally along the skin.

21. Huatuojiayi (Extra 21):

Location: On both sides of the spinal column, about 0.5 cun lateral to midline, from the 1st cervical vertebra to the 4th sacral vertebra, altogether 28 points. (See Fig. 119. Points on the cervic and sacral regions are not included.)

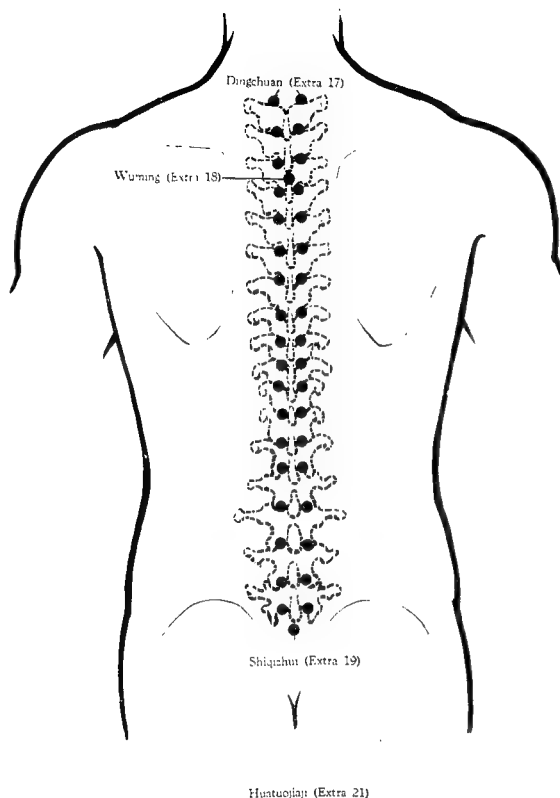


Fig. 119

Indications: Rather general. Besides treating local diseases (such as myelitis), their stimulation is also effective in some diseases of the internal organs. If pathological changes occur in a certain organ, point tenderness along the spinal column in the corresponding section occurs. Results may be achieved by applying treatment at these corresponding points.

Puncture: 1.5-2.0 inches slightly obliquely towards the spinal column along the lumbar vertebrae. 1.0-1.5 inches for points along the thoracic and cervical vertebrae. There may be a distending sensation locally, or a spreading tingling feeling.

The following table illustrates diseases of the corresponding section and the Huatuojiayi Point.

The Huatuoji Point and Their Indications

Points	Indications	
Cervical	1	Diseases of the head region
	2	
	3	Diseases of the neck region
	4	
	5	
	6	
	7	
Thoracic	1	Diseases of the chest region
	2	
	3	
	4	
	5	
	6	
	7	
	8	Diseases of the abdominal region
	9	
	10	
	11	
	12	
Lumbar	1	Diseases of the lumbar region
	2	
	3	Diseases of the lower extremities
	4	
	5	
Sacral	1	Diseases of the urogenital system
	2	
	3	
	4	

(4) POINTS OF THE UPPER EXTREMITIES

22. Jianzhong (Extra 22):

Location: In the middle of m. deltoideus of the upper extremities, midway between Jianyu (L.I. 15) and Binao (L.I. 14).

Indications: Paralysis of the upper extremities.

Puncture: Perpendicularly 1.0-2.0 inches.

23. Bizhong (Extra 23):

Location: At the midpoint of the line connecting the cubital transverse crease with the transverse crease of the wrist, on the midline of the medial aspect of the forearm.

Indications: Paralysis of the upper extremities, thoracalgia.

Puncture: Perpendicularly 1.0-2.0 inches.

24. Erbai (Extra 24):

Location: 4 cun directly above midpoint of the transverse crease of the wrist, on both sides of the tendon of m. flexor carpi radialis; two of these points are on the left and two on the right, four points in all.

Indications: Hemorrhoids.

Puncture: Perpendicularly 0.5-1.0 inch.

25. Zhongquan (Extra 25):

Location: On the wrist, in a depression on the radial aspect of the tendon of the m. extensor digitorum communis.

Indications: Disorders of the wrist joint, feeling of suffocating, hemoptysis.

Puncture: Perpendicularly 0.5-0.8 inch, or obliquely laterally.

26. Luozhen (Extra 26):

Location: On the dorsum of hand, between the 2nd and 3rd metacarpal bones, 0.5 cun proximal to the metacarpal-phalangeal joint.

Indications: Stiffness and rigidity of neck.

Puncture: 0.5 inch perpendicularly.

27. Yatong (Extra 27):

Location: In the dorsum of hand, between the 3rd and 4th metacarpal bones, 0.5 cun proximal to the metacarpal-phalangeal joint.

Indications: Toothache.

Puncture: 0.5 inch perpendicularly.

28. Baxie (Extra 28):

Location: On the dorsum of hand, on the web between the 5 fingers of both hands, 8 points in all. Make a loose fist with palm downward to locate point. (See Fig. 120.)

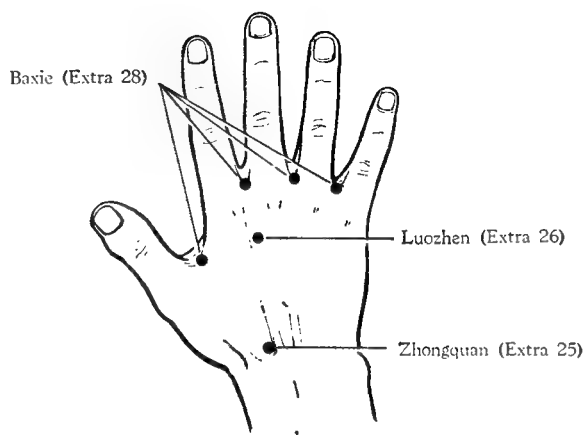


Fig. 120

Indications: Disorders of the finger joints, numbness of the fingers, headache, pain in the neck.

Puncture: Approximately 1 cun obliquely towards metacarpal bone.

29. Sifeng (Extra 29):

Location: On the palmar surface in the transverse creases of the proximal interphalangeal joint of the index, middle, ring and small fingers of both hands, 8 points in all. (See Fig. 121.)

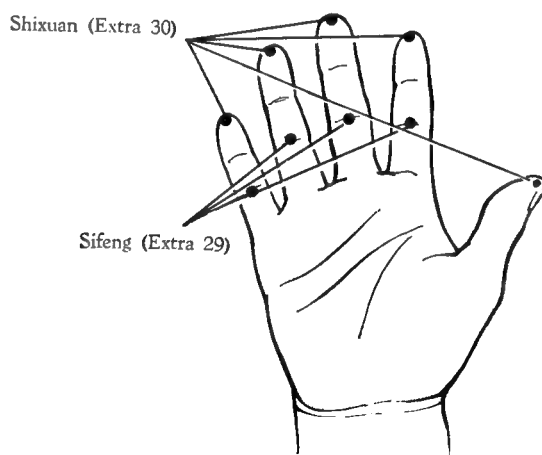


Fig. 121

Indications: Malnutrition syndrome in children, whooping cough.

Puncture: Prick with three-edged needle or filiform needle and squeeze out a small amount of yellow fluid.

30. Shixuan (Extra 30):

Location: On the tips of the ten fingers, about 0.1 cun distal to the nail. (See Fig. 121.)

Indications: For emergencies such as shock, coma, heat stroke, apoplexy, fever, etc.

Puncture: Prick with three-edged needle or filiform needle to cause bleeding.

(5) POINTS OF THE LOWER EXTREMITIES

31. Heding (Extra 31):

Location: On the midpoint of the upper border of the patella. (See Fig. 122.)

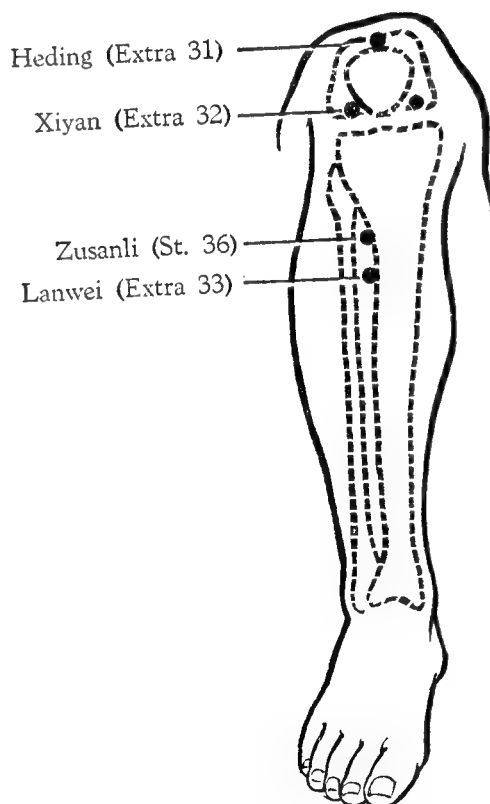


Fig. 122

Indications: Disorders of the knee joint.

Puncture: Perpendicularly 0.5-0.8 inch.

32. Xiyan (Extra 32):

Location: Pt. Xiyan refers to the medial and lateral foramens of the patella ligament. (See Fig. 122.) Locate this point with the patient bending the knee.

Indications: Disorders of the knee joint.

Puncture: Perpendicularly, or obliquely towards the opposite foramen, 1.0-1.5 inches.

Note: The medial foramen is sometimes called Medial-Xiyan. The lateral foramen, identified with Pt. Dubi (St. 35) on the Stomach Channel, is sometimes called the Lateral-Xiyan.

33. Lanwei (Extra 33):

Location: 2 cun below Zusanli (St. 36), a point where tenderness appears in case of appendicitis. (See Fig. 122.)

Indications: Appendicitis, gastralgia, paralysis of lower extremities.

Puncture: Perpendicularly 1.0-2.0 inches.

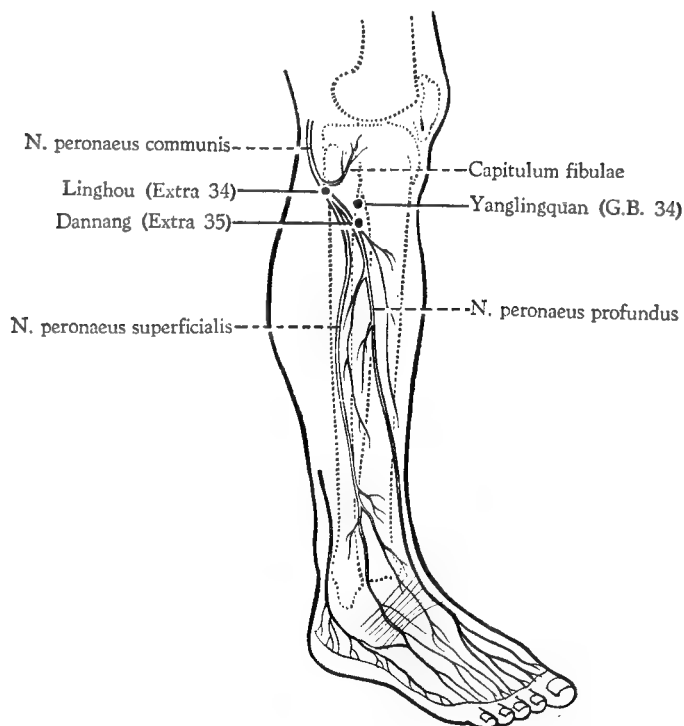


Fig. 123

34. Linghou (Extra 34):

Location: Posterior and inferior to the small head of the fibula.

Indications: Sciatica, paralysis of the lower extremities.

Puncture: Perpendicularly 0.3-0.5 inch.

35. Dannang (Extra 35):

Location: 1 cun below Yanglingquan (G.B. 34) where tenderness occurs. (See Fig. 123.)

Indications: Diseases of the gall bladder, paralysis of the lower extremities.

Puncture: Perpendicularly 1.0-1.5 inches.

36. Bafeng (Extra 36):

Location: On the dorsum of foot, 0.5 cun posterior to the border of the web of the toes. There are altogether 8 points. (See Fig. 124.)

Indications: Redness and swelling, numbness and pain of the toes and dorsum of foot.

Puncture: 0.5-1.0 inch obliquely upward.

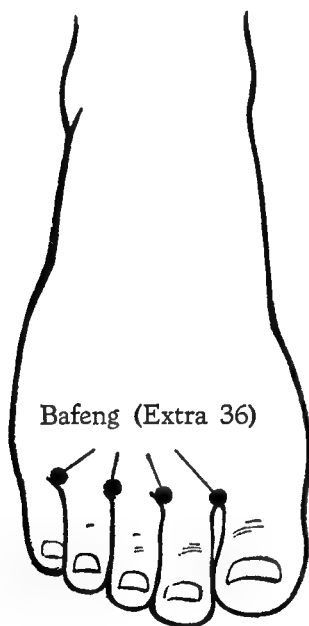


Fig. 124

CHAPTER IV

CLINICAL TREATMENT

A. GENERAL INTRODUCTION AND REGULATIONS FOR SELECTING POINTS

(1) GENERAL INTRODUCTION

In applying acupuncture to treat diseases, the theory of the channels should be observed. It is necessary to have a clear idea in mind regarding the mode of channel circulation, distribution of the points, and the pathological symptoms of each channel. When treating a disease, one should first analyse the symptoms and signs carefully, determine the nature of the disease, find out which organs are involved and make sure which channel is being attacked before drawing any conclusion. Select the points and decide on the methods of treatment after serious consideration.

In recent years, medical staffs are combining the knowledge of modern physiology and anatomy with the theory of the channels in clinical practice; i.e., besides selecting points according to the distribution of the channels, they also follow innervation as a guide, and satisfactory results have been achieved.

When treating a patient, it is necessary to determine whether acupuncture or moxibustion is to be used. Acupuncture and moxibustion are two therapeutic methods and each has its own specific properties; consequently the indications for each are different. Acupuncture is indicated in diseases of both xu and shi nature, while moxibustion is indicated mainly in diseases of xu nature, implying that it is not advisable to treat febrile diseases by this method.

Concerning methods of manipulation, it is recorded in the old medical classics: "In case of xu apply the bu (re-enforcing) method and in case of shi apply the xie (reducing) method," "shallow pricking for skin diseases and deep puncturing for diseases of tendons and bones," "swift pricking for febrile diseases, retaining of needle for diseases with acute pain," "venous pricking if blood stasis occurs," etc. These are rules laid down by ancient physicians from their experience which, though far from adequate, can still be considered as a guide to clinical practice, and may serve as reference.

Manipulation methods are an important factor affecting the therapeutic results. In order to bring such technique to a higher level, doctors should constantly investigate, collect data and arrive at conclusions from their experience, so as to make further progress.

(2) RULES FOR SELECTING POINTS

Selecting points and formulating a prescription is the key in giving acupuncture treatment. Clinically, the following methods are frequently used in prescribing points: Selection of distal points according to the courses of the channels, selection of local and adjacent points, selection of points according to symptoms, selection of specific points, and selection of points according to innervation.

1. Selection of Distal Points According to the Course of the Channels:

After determining which channel or organ is involved, select points of the extremity below elbow or knee of the involved channel. For instance, choose Hegu (L.I. 4) for facial diseases, Waiguan (S.J. 5) for diseases of the temporal region, Houxi (S.I. 3) for diseases of the vertex, Zusanli (St. 36) for diseases of upper abdomen, Yanglingquan (G.B. 34) for diseases of the hypochondriac region, Weizhong (U.B. 40) for diseases of dorso-lumbar region. This method is applicable for diseases affecting the head, face, trunk and internal organs.

2. Selection of Local and Adjacent Points:

This means simply prescribing the sensitive points in the local area or adjacent area. For instance, for toothache and mandibular diseases use Jiache (St. 6) and Xiaguan (St. 7); for eye diseases use Jingming (U.B. 1), Qiuhou (Extra 4) and Taiyang (Extra 2); for diseases of the pelvic cavity use Zhongji (Ren 3) and Ciliao (U.B. 32); while for gastric diseases Zhongwan (Ren 12) and Liangmen (St. 21) can be selected.

The above two methods are always combined in prescribing points. For examples see the following table:

Some Examples of Selecting Points

	Disease Area	Local and Adjacent Points	Distal Points	
			Upper Ex- tremities	Lower Ex- tremities
Anterior Aspect	Forehead	Yintang (Extra 1) Yangbai (G.B. 14)	Hegu (L.I. 4)	
	Face and cheek	Dicang (St. 4) Jiache (St. 6)	Hegu (L.I. 4)	Neiting (St. 44)
	Eye	Jingming (U.B. 1) Chengqi (St. 1)	Yanglao (S.I. 6)	Guangming (G.B. 37)
	Nose	Yingxiang (L.I. 20) Yintang (Extra 1)	Hegu (L.I. 4)	
	Neck, throat	Lianquan (Ren 23) Tiantu (Ren 22)	Lieque (Lu. 7)	Zhaohai (K. 6)
	Chest	Shanzhong (Ren 17). Points along D1-D7 (both sides)	Kongzui (Lu. 6)	Fenglong (St. 40)
	Upper abdomen	Zhongwan (Ren 12). Points along D9-L2 (both sides)	Neiguan (P. 6)	Zusanli (St. 36)
	Lower abdomen	Guanyuan (Ren 4). Points along L2-S4 (both sides)		Sanyinjiao (Sp. 6)
Lateral Aspect	Temporal region	Taiyang (Extra 2) Shuaigu (G.B. 8)	Waiguan (S.J. 5)	Foot-Linqi (G.B. 41)
	Ear	Tinghui (G.B. 2) Tinggong (S.I. 19) Yifeng (S.J. 17)	Zhongzhu (S.J. 3)	Xiaxi (G.B. 43)
	Costal and hypochondriac region	Qimen (Liv. 14) Ganshu (U.B. 18)	Zhigou (S.J. 6)	Yanglingquan (G.B. 34)

	Disease Area		Local and Adjacent Points	Distal Points	
				Upper Ex- tremities	Lower Ex- tremities
Posterior Aspect	Occipital and nape region		Fengchi (G.B. 20) Tianzhu (U.B. 10)	Houxi (S.I. 3)	Shugu (U.B. 65)
	Dorso-lumbar Region	D1-D7	Dazhui (Du 14) Feishu (U.B. 13)		Kunlun (U.B. 60)
		D8-L2	Ganshu (U.B. 18) Weishu (U.B. 21)		Weizhong (U.B. 40)
		L2-S4	Shenshu (U.B. 23) Dachangshu (U.B. 25)		Yinmen (U.B. 37)
	Anus		Changqiang (Du 1) Baihuanshu (U.B. 30)		Chengshan (U.B. 57)
Upper Extremities	Shoulder joint		Jianyu (L.I. 15) Jianzhen (S.I. 9)		Quchi (L.I. 11)
	Elbow joint		Quchi (L.I. 11) Shousanli (L.I. 10) Waiguan (S.J. 5)		
	Wrist joint		Hegu (L.I. 4) Houxi (S.I. 3)		
Lower Extremities	Hip joint		Huantiao (G.B. 30). Points along L4-L5 (both sides)		Yanglingquan (G.B. 34)
	Knee joint		Dubi (St. 35) Yanglingquan (G.B. 34)		
	Ankle joint		Jiexi (St. 41) Qiuxu (G.B. 40) Taixi (K. 3)		

3. Selection of Points According to Symptoms:

This implies prescribing points according to their therapeutic properties in treating the symptoms of some diseases. See the following table:

**Some Examples of Selecting Points According to Symptoms
of Certain Common Diseases**

Symptom	Points
Fever	Dazhui (Du 14), Quchi (L.I. 11), Hegu (L.I. 4)
Shock	Renzhong (Du 26), Shenjue (Ren 8, moxibustion), Guanyuan (Ren 4), Neiguan (P. 6), Zhongchong (P. 9)
Excessive sweating	Yinxi (H. 6), Fulu (K. 7)
Night sweating	Houxi (S.I. 3), Yinxi (H. 6)
Insomnia	Shenmen (H. 7), Sanyinjiao (Sp. 6), Taixi (K. 3), Shenting (Du 24), Sishenchong (Extra 6)
Dream-disturbed sleep	Xinshu (U.B. 15), Shenmen (H. 7), Taichong (Liv. 3)
Spasm of m. masseter	Xiaguan (St. 7), Jiache (St. 6), Hegu (L.I. 4)
Salivation	Chengjiang (Ren 24), Dicang (St. 4), Lianquan (Ren 23)
Palpitation	Neiguan (P. 6), Ximen (P. 4)
Pain in cardiac region	Shanzhong (Ren 17), Neiguan (P. 6)
Cough	Tiantu (Ren 22), Lieque (Lu. 7), Sanyinjiao (Sp. 6)
Difficulty in swallowing	Tiantu (Ren 22), Neiguan (P. 6), Lianquan (Ren 23)
Nausea, vomiting	Neiguan (P. 6), Zusanli (St. 36)
Spasm of diaphragm (hic-cough)	Geshu (U.B. 17), Zusanli (St. 36)
Abdominal distention	Tianshu (St. 25), Sanyinjiao (Sp. 6), Zusanli (St. 36), Jianli (Ren 11), Qihai (Ren 6)

Symptom	Points
Pain in the hypochondriac region	Zhigou (S.J. 6), Sanyinjiao (Sp. 6), Qimen (Liv. 14), Yinlingquan (Sp. 9)
Diarrhea (dyspepsia)	Zusanli (St. 36), Gongsun (Sp. 4), Tianshu (St. 25), Qihai (Ren 6)
Retention of urine	Sanyinjiao (Sp. 6), Yinlingquan (Sp. 9)
Incontinence of urine	Qugu (Ren 2), Sanyinjiao (Sp. 6)
Spermatorrhea, impotence, presemiation	Guanyuan (Ren 4), Sanyinjiao (Sp. 6)
Constipation	Tianshu (St. 25), Zhigou (S.J. 6)
Spasm of the gastrocnemius	Chengshan (U.B. 57)
Skin pruritus	Quchi (L.I. 11), Xuehai (Sp. 10), Sanyinjiao (Sp. 6)
Asthenia	Guanyuan (Ren 4), Zusanli (St. 36)
Prolapse of rectum	Changqiang (Du 1), Chengshan (U.B. 57)

4. Selection of Specific Points:

Specific points include the Five Shu Points of the Extremities, the Yuan (Source) Points, Luo-Connecting Points, Xi-Cleft Points, the Back-Shu Points and the Mu-Front Points. Following is an explanation of the methods for combining these points.

a. Combination of the Back-Shu Points and the Mu-Front Points: Each of the zang and fu (internal organs) has a corresponding Back-Shu Point and a Mu-Front Point. These points are intimately related with the functions of their respective organs. Whenever an internal organ is involved, the Back-Shu Point and the Mu-Front Point of that corresponding organ can be prescribed. One can either prescribe the Back-Shu Point or the Mu-Front Point, or prescribe them simultaneously. Following is a table showing this combination method.

The Combination of the Back-Shu and Mu-Front Points

Internal Organ	Back-Shu Point	Mu-Front Point
Lung	Feishu (U.B. 13)	Zhongfu (Lu. 1)
Pericardium	Jueyinshu (U.B. 14)	Shanzhong (Ren 17)
Heart	Xinshu (U.B. 15)	Jujue (Ren 14)
Liver	Ganshu (U.B. 18)	Qimen (Liv. 14)
Gall bladder	Danshu (U.B. 19)	Riyue (G.B. 24)
Spleen	Pishu (U.B. 20)	Zhangmen (Liv. 13)
Stomach	Weishu (U.B. 21)	Zhongwan (Ren 12)
Sanjiao	Sanjiaoshu (U.B. 22)	Shimen (Ren 5)
Kidney	Shenshu (U.B. 23)	Jingmen (G.B. 25)
Large intestine	Dachangshu (U.B. 25)	Tianshu (St. 25)
Small intestine	Xiaochangshu (U.B. 27)	Guanyuan (Ren 4)
Urinary bladder	Pangguangshu (U.B. 28)	Zhongji (Ren 3)

b. Combination of the Yuan (Source) Points and the Luo-Connecting Points: The Yuan (Source) Points are indicated in the symptoms of their respective channels. The Luo-Connecting Points are indicated in the symptoms of their respective "Externally-Internally Related Channel."* Combined acupuncture of these two groups of points very often gives satisfactory therapeutic results.

Clinically, these two groups of points can be used separately or coordinately. One can just prescribe Yuan Points or Luo Points alone. Whenever a channel is involved, the Yuan Point of that channel may be treated as the main point, and the Luo Point of its "Externally-Internally Related Channel" may be combined as the secondary point. For instance, functionally the Lung Channel of Hand-Taiyin and the Large Intestine Channel of Hand-Yangming are said to be "externally-internally related."

*For external-internal relation of channels see p. 55.

If the Lung Channel is involved, Pts. Taiyuan (Lu. 9, the Yuan Point of the Lung Channel) and Pianli (L.I. 6, the Luo-Connecting Point of the Large Intestine Channel) may be prescribed. Or, to treat diseases of the Large Intestine Channel, Pts. Hegu (L.I. 4, the Yuan Point of the Large Intestine Channel) and Lieque (Lu. 7, the Luo-Connecting Point of the Lung Channel) may be prescribed. See the following table:

**Combination of the Yuan and
Luo-Connecting Points**

Channel	Yuan Point	Luo Point
Lung Channel	Taiyuan (Lu. 9)	Pianli (L.I. 6)
Large Intestine Channel	Hegu (L.I. 4)	Lieque (Lu. 7)
Stomach Channel	Chongyang (St. 42)	Gongsun (Sp. 4)
Spleen Channel	Taibai (Sp. 3)	Fenglong (St. 40)
Heart Channel	Shenmen (H. 7)	Zhizheng (S.I. 7)
Small Intestine Channel	Hand-Wangu (S.I. 4)	Tongli (H. 5)
Urinary Bladder Channel	Jinggu (U.B. 64)	Dazhong (K. 4)
Kidney Channel	Taixi (K. 3)	Feiyang (U.B. 58)
Pericardium Channel	Daling (P. 7)	Waiguan (S.J. 5)
Sanjiao Channel	Yangchi (S.J. 4)	Neiguan (P. 6)
Gall Bladder Channel	Qixu (G.B. 40)	Ligou (Liv. 5)
Liver Channel	Taichong (Liv. 3)	Guangming (G.B. 37)

c. Application of the Five-Shu Points of the Extremities: Generally, Jing-Well Points are indicated in mental disorders, irritability and restlessness, Yung-Spring Points in febrile diseases, and Shu-Stream Points mainly for rheumatism; Jing-River Points are indicated in cough, asthma and in pharyngeal and laryngeal diseases; while He-Sea Points are indicated in intestinal and gastric diseases and those of the fu organs. (For details of the Five-Shu Points of the Extremities see table on pp. 86-87.)

d. *Application of the Xi-Cleft Points, the Eight Influential Points and the Eight Confluent Points of the Eight Extra Channels:* The Xi-Cleft Points are chiefly used in treating acute conditions of their respective pertaining channel. For instance, Kongzui (Lu. 6), the Xi-Cleft Point pertaining to the Lung Channel of Hand-Taiyin, is indicated in hemoptysis. Wenliu (L.I. 7), the Xi-Cleft Point of the Large Intestine of Hand-Yangming, is indicated in borborygmus and abdominal pain. Liangqiu (St. 34), the Xi-Cleft Point of the Stomach Channel of Foot-Yangming, is used in treating gastralgia, and Dijì (Sp. 8) of the Spleen Channel of Foot-Taiyin is used to treat dysmenorrhea. (See table on p. 88.)

The Eight Influential Points are indicated in pathological conditions of the zang (heart, lung, spleen, kidney, liver, pericardium), fu (large intestine, small intestine, gall bladder, stomach, urinary bladder, the three portions of the body cavity), qi (the respiratory system), blood, muscles and tendons, arterial pulse, bone and marrow. For example, the Influential Point of the Zang, Zhangmen (Liv. 13), is used to treat diseases of the zang organs; the Influential Point of the Fu, Zhongwan (Ren 12), is indicated in diseases of the fu organs; the Influential Point of Qi, Shanzhong (Ren 17), is a remedy for cough and shortness of breath. Gesu (U.B. 17) is said to have effect in diseases of the blood such as hemoptysis, and in wasting diseases. Yanglingquan (G.B. 34), the Influential Point of the Tendons and Muscles, is indicated in muscular atrophy and paralysis. Taiyuan (Lu. 9), the Influential Point of the Arterial Pulse, can be used in treating vascular diseases. The Influential Point of the Bone, Dashu (U.B. 11), can be prescribed to treat rheumatic pain of the joints. The Influential Point of the Marrow, Xuanzhong (G.B. 39), can be prescribed to treat apoplexy, paralysis, hemiplegia, etc. (See table on p. 89.)

The Eight Confluent Points of the Eight Extra Channels are four pairs of points on the upper and lower extremities (for details see p. 90). In clinical practice the doctor may select one from the pairs of the upper extremities and one from those of the lower extremities. Examples of their combinations and indications are: Neiguan (P. 6) of the forearm combined with Gongsun (Sp. 4) of the foot is indicated in diseases of the chest, cardiac and gastric region; Houxi (S.I. 3) with Shenmai (U.B. 62) is indicated in diseases of the neck, shoulder, back and inner canthus regions; Waiguan (S.J. 5) combined with Foot-Linqi (G.B. 41) is indicated in diseases of the retro-auricular, cheek and outer canthus regions; Lieque (Lu. 7) combined with Zhaohai (K. 6) is used in diseases of the throat,

chest and lung. Sometimes these points can be prescribed singly according to the pathological condition.

5. Selection of Points According to Innervation:

For diseases of the head, trunk, extremities and internal organs, one may select those points in areas supplied by the spinal nerves, the nerve plexus and nerve trunks. The corresponding section of the Huatuojiayi Point (Extra 21, see the table on p. 211) may be considered.

B. MEDICAL DISEASES

(1) COMMON COLD AND INFLUENZA

The cold is a common infectious disease. As causative factors and susceptibility to viruses vary, the cold may be divided into the common cold and influenza.

Common cold is an acute infection of the upper respiratory tract caused by the cold virus. Clinical manifestations are sneezing, stuffy nose with watery secretion, dryness and irritability of throat followed by sore throat, hoarseness of voice, dry cough, general malaise, etc.

Influenza is caused by the influenza virus; it is an acute and extremely infectious disease. The clinical signs are sudden chills and fever with body temperature of 39°C or above accompanied by severe headache, aching of extremities, lumbar pain and general malaise. In the absence of bacterial secondary infection, the total number of leucocytes may be normal or decreased, with relative increase of lymphocytes.

Treatment: Select points according to symptoms; give moderate or strong stimulation.

Prescription: Dazhui (Du 14), Fengchi (G.B. 20), Hegu (L.I. 4).

Points according to symptoms:

Headache: Taiyang (Extra 2).

Stuffy nose: Yingxiang (L.I. 20).

Hypohydrosis: Fulu (K. 7).

High fever: Quchi (L.I. 11).

Cough: Lieque (Lu. 7), Fengmen (U.B. 12).

Sore throat: Shaoshang (Lu. 11). Prick to cause bleeding.

Once daily, allowing the needle to remain in place for 15-20 minutes.

(2) BRONCHITIS

Bronchitis may be caused by bacteria or viruses, by irritation due to toxic gas, tobacco or dust, or the disease may be the complication of certain infectious diseases. Acute and chronic bronchitis are so named in accordance with the severity and duration of the disease.

The onset of acute bronchitis often follows infection of the upper respiratory tract, the main symptom being a dry cough which becomes severe later, the sputum which is at first scanty and thin gradually becoming excessive and purulent. Chest examination reveals dry rales or small amounts of inconstant moist rales.

Chronic bronchitis is due mainly to repeated respiratory infections. Acute exacerbations occur with changes in weather, and particularly in winter and spring. Chief symptoms are prolonged, recurrent cough with whitish foamy or thick mucoid sputum, aggravated morning and night. If secondary bacterial infection occurs, sputum is purulent. Secondary emphysema may follow in a patient with bronchitis of prolonged duration, accompanied by symptoms and signs of dyspnea, point tenderness on pressure at the body of the sternum and scattered dry or musical wheezing moist rales over the chest.

Treatment:

Acute Bronchitis: Select points of the Lung Channel as the main points; add points according to the "Combination of the Yuan Points and the Luo-Connecting Points." Give moderate or strong stimulation.

Prescription: Chize (Lu. 5), Hegu (L.I. 4), Lieque (Lu. 7).

Points according to symptoms:

Fever: Dazhui (Du 14).

Sore throat: Tianrong (S.I. 17).

Excessive sputum: Fenglong (St. 40).

Chronic Bronchitis: Select points according to the "Combination of the Back-Shu, Mu and the Confluent Points. Mild stimulation for diseases of xu nature and strong stimulation for those of shi nature.

Prescription: Feishu (U.B. 13), Zhongfu (Lu. 1), Lieque (Lu. 7), Zhaohai (K. 6).

Points according to symptoms:

Hemoptysis: Shanzhong (Ren 17), Jianshi (P. 5).

Chest pain: Kongzui (Lu. 6), Geshu (U.B. 17).

Excessive sputum; abdominal distention: Pishu (U.B. 20), Zhongwan (Ren 12).

Prophylactic treatment before seasonal occurrence: Dazhui (Du 14), Qihai (Ren 6), Zusanli (St. 36). Select 2 points for each treatment and apply moxibustion (moxa-stick or indirect moxibustion with ginger) or cupping. Once daily, ten treatments constituting a course. Treat continually. Definite results are generally achieved after 3 to 5 courses of treatment.

(3) BRONCHIAL ASTHMA

This is a chronic allergic disease, commonly due to spasm of the bronchi. Clinical signs are an abrupt onset, stuffiness of chest with dyspnea. In severe cases there may be profuse sweating and cyanosis of the lips. Auscultation reveals musical wheezing and dry rales over the chest. If complicated with infection, there may be moist rales.

Treatment: Select local points. The Back-Shu and Mu Points may be considered. For xu nature, use mild stimulation. For shi nature, use strong stimulation.

Prescription: Dingchuan (Extra 17), Tiantu (Ren 22), Feishu (U.B. 13), Shanzhong (Ren 17).

Points according to symptoms:

Cough with excessive sputum: Lieque (Lu. 7), Fenglong (St. 40).

Palpitation and dyspnea: Neiguan (P. 6), Qihai (Ren 6).

Abdominal distention and lumbago: Shenshu (U.B. 23), Tianshu (St. 25).

Remarks: Select 2-3 points for each treatment. Retain needle for 20-30 minutes, manoeuvring every 5 to 10 minutes. For prophylactic measures before seasonal occurrence, apply moxibustion on Feishu (U.B. 13), Pishu (U.B. 20), Zusanli (St. 36). Treat every other day, 10 treatments to a course. After 3-5 courses in succession there may be less frequent attacks, or symptoms may be relieved.

(4) HEAT STROKE

Heat stroke is due to prolonged exposure of the body to heat and sunlight. Clinical symptoms are onset with general fatigue, headache, dizziness, excessive perspiration and thirst. There may be nausea and vomiting in severe cases. When there is profuse sweating, there may be spasm and pain of the muscles of the extremities and abdomen, as well as hypotension, while high fever may be accompanied by stupor and delirium, followed eventually by shock and coma.

Treatment: Select points according to symptoms. Moderate or strong stimulation.

Prescription:

Mild cases: Dazhui (Du 14), Quchi (L.I. 11), Neiguan (P. 6).

Severe cases: Renzhong (Du 26), Yongquan (K. 1), Shixuan (Extra 30), Weizhong (U.B. 40).

Points according to symptoms:

Spasm of muscles: For upper extremities, puncture Quchi (L.I. 11), Hegu (L.I. 4). For lower extremities, puncture Chengshan (U.B. 57), Yanglingquan (G.B. 34), Taichong (Liv. 3).

Remarks: Retain needle for 30 minutes, manoeuvring every 5-10 minutes. Prick with cutting needle and let out blood on Pts. Shixuan (Extra 30) and Weizhong (U.B. 40).

In heat stroke, measures should be taken at once as conditions develop very quickly and may result fatally. In case heat stroke occurs, patient should be moved to a cool and well-ventilated place immediately. If there are signs of respiratory or peripheral circulatory failure, other emergency measures should be taken in addition to acupuncture.

(5) PAIN IN THE GASTRIC REGION

Acute and chronic gastritis, gastropotosis, gastric and duodenal ulcer, and gastric neurosis may cause pain in the gastric region.

Acute gastritis is usually due to intake of food which is highly stimulating or contaminated. Symptoms are sudden onset with nausea, vomiting, abdominal pain and diarrhea, with headache, chills and fever.

Chronic gastritis and gastric or duodenal ulcer are seen mostly in the young and middle-aged. Symptoms are pain in the upper abdomen, anorexia with regurgitation of acid fluid, heartburn, belching, abdominal distention, etc. In gastric ulcer, pain generally occurs 30 minutes to an hour after meals and is of 1-2 hours' duration. In duodenal ulcer, the pain occurs 2-4 hours after intake of food and may be relieved by food. If there is tenderness on pressure in the middle or left upper abdomen, gastric ulcer may be considered; if the tenderness is more to the right side, it is probably duodenal ulcer. Other signs are tenderness on pressure at either side along the 8th to 12th spinal process of the thoracic vertebrae, and an ulcer niche along the wall of the stomach or duodenum may be seen by barium meal examination. Melena is often present.

Gastroptosis is a type of visceroptosis. Most patients with such disease have a thin and slender body build. Clinical features are distention of upper abdomen, and there may be nausea, vomiting, belching, and reduced food intake even though the patient is hungry. On palpation, the lower border of the stomach can be felt in the umbilical region, and a water-splashing sound may be elicited. The extent of ptosis can be determined by barium meal examination.

Gastric neurosis is due mainly to mental factors. Attacks may be mild or severe, prolonged or intermittent. Symptoms are fullness of chest, eructation, abdominal pain, diarrhea, borborygmus, and vomiting after intake of food, accompanied by neurasthenic symptoms. Usually there are no abnormal signs on examination.

Treatment: Select points according to the "Combination of the Back-Shu Points and the Mu-Front Points," and the "Eight Confluent Points of the Eight Extra Channels." Generally, apply mild stimulation. Apply stronger stimulation during attack.

Prescription: Weishu (U.B. 21), Zhongwan (Ren 12), Neiguan (P. 6), Gongsun (Sp. 4); Ah Shi Points at the back for acute cases.

Points according to symptoms:

Gastric neurosis: Ganshu (U.B. 18), Taichong (Liv. 3).

Dyspepsia: Zusanli (St. 36), Neiting (St. 44).

Gastroptosis: Weishang (Extra 14), Qihai (Ren 6) (moxibustion).

Remarks: Upper abdominal pain may also occur in other diseases, such as the early stage of appendicitis, cholecystitis, pancreatitis, and diseases of the heart and lungs. Therefore it is necessary to diagnose the disease by eliminating the possibility of others.

Treat daily; retain needle for 15-20 minutes.

(6) SPASM OF THE DIAPHRAGM

The chief sign of this disease is hiccough.

Treatment: Select points according to the course of the channel and the accompanying symptoms, and give moderate or strong stimulation.

Prescription: Geshu (U.B. 17), Tiantu (Ren 22), Neiguan (P. 6), Renzhong (Du 26).

Remarks: Ask patient to co-operate by taking deep breaths continually while giving treatment.

(7) INFECTIOUS HEPATITIS

This disease is caused by a virus, primarily induced by way of the digestive tract. Chief symptoms are anorexia, fullness of chest and general weakness. Nausea and vomiting may occur in the more severe type, and there may be fever (as in a common cold). One or two weeks after the onset jaundice may appear, with urine dark in colour, resembling strong tea. There is yellowish discoloration of skin and sclera, enlargement of liver and sometimes the spleen, with tenderness on palpation. Laboratory examination: Liver function tests abnormal; bilirubin, urobilinogen and urobilin are positive in urine. Duration of disease is usually one to three months.

If symptoms persist for more than 6 months, it is considered as the stage of chronic hepatitis. Some patients never develop jaundice throughout their course, and these cases are known as non-icteric infectious hepatitis.

Treatment: Select points on the Liver, Gall Bladder, Spleen and Stomach Channels in co-ordination with the "Combination of the Back-Shu Points and the Mu-Front Points." Apply mild stimulation at initial treatments. Later, apply strong stimulation.

Prescription: (a) Ganshu (U.B. 18), Qimen (Liv. 14), Danshu (U.B. 19), Riyue (G.B. 24). (b) Pishu (U.B. 20), Zhangmen (Liv. 13), Weishu (U.B. 21), Zhongwan (Ren 12).

Points according to symptoms:

Jaundice: Zhiyang (Du 9), Dannang (Extra 35).

Costal pain: Qiuxu (G.B. 40), Zhigou (S.J. 6).

Abdominal distention: Tianshu (St. 25), Sanyinjiao (Sp. 6).

Remarks: Select 3-4 points for each treatment and treat daily during acute stage. When symptoms subside, treat every other day.

Prophylactic measures should be taken for preventing cross infection, such as isolation of patient and sterilization of utensils.

(8) ACUTE ENTERITIS, DYSENTERY

Acute enteritis is usually due to unclean food that is contaminated with bacteria or toxins. Symptoms are sudden abdominal pain, borborygmus, diarrhea, nausea, vomiting, loose or watery stool, sometimes accompanied with fever, headache and tenderness on pressure around the umbilical region. Dehydration and toxic symptoms may occur if immediate measures are not taken.

Symptoms of acute dysentery are similar to those of enteritis but with tenesmus, scanty stool with blood and pus or with mucus.

Treatment: Take the points of the Stomach Channel as the main points. Strong stimulation with deep puncturing.

Prescription: Tianshu (St. 25), Shangjuxu (St. 37).

Points according to symptoms:

Nausea and vomiting: Neiguan (P. 6).

Tenesmus: Changqiang (Du 1).

Acute abdominal pain: Liangqiu (St. 34).

High fever: Dazhui (Du 14).

Remarks: (a) Treat 2-3 times a day during acute stage; once daily when symptoms are relieved. The amount of stimulation may be reduced correspondingly. (b) Continue treatments 2-3 days after clinical symptoms disappear and stool culture becomes negative. (c) Give infusion immediately for dehydration due to high fever or diarrhea.

(9) CARDIAC DISEASES

Here cardiac diseases refer to rheumatic heart disease and angina pectoris.

Main symptoms of rheumatic heart disease are palpitation, anxiety and dyspnea. Though the heart is the chief organ involved, other internal organs may also be involved during the course of the disease.

Angina is due to atheromatous changes in the coronary arteries and temporary deficiency of blood supplying the myocardium. Spontaneous attacks are characterized by a strangling or oppressive sensation.

Acupuncture treatment may be of value in organic or neurotic heart diseases by alleviating symptoms and promoting the cardio-vascular function.

As the points and methods for treating these two kinds of cardiac disease are the same, the prescription applies to both.

Treatment: Select Back-Shu points on the Urinary Bladder Channel as the main points, combine with those of the Heart and the Pericardium Channels. Use few points and mild stimulation at first; then increase the amount of stimulation suitably according to the patient's tolerance to acupuncture, gradually reducing to mild stimulation when the patient improves.

Prescription: Xinshu (U.B. 15), Jueyinshu (U.B. 14), Neiguan (P. 6), Shenmen (H. 7).

Points according to symptoms:

Tachycardia: Ximen (P. 4).

Bradycardia: Tongli (H. 5), Suliao (Du 25).

Bloody sputum, hemoptysis: Kongzui (Lu. 6), Gesu (U.B. 17).

Enlargement of liver: Ganshu (U.B. 18), Taichong (Liv. 3).

Anterior cardialgia: Shanzhong (Ren 17), Ximen (P. 4).

Abdominal distention, back pain: Shenshu (U.B. 23), Sanyinjiao (Sp. 6).

Remarks:

a. Generally, treat no more than 4-5 points at a time, selecting the points from the main prescription and combining with those according to symptoms. The puncturing methods for Pts. Xinshu (U.B. 15), Jueyinshu (U.B. 14), Ganshu (U.B. 18), Pishu (U.B. 20) and Shenshu (U.B. 23) are: Insert needle at a spot 2 mm. lateral to the point forming an acute angle of 45° to the skin with tip of needle directed towards midline. The amount of stimulation should be according to the patient's tolerance.

Treat daily or every other day, 7-10 treatments to one course. The interval between each course should be suitably prolonged for asthenic patients who do not tolerate acupuncture well, or experience fatigue after treatment.

b. Bed rest should be prescribed in severe cases. Low salt diet should be considered in case of edema. Patients with difficulty in breathing should lie in reclining position, and oxygen inhalation should be given in case of cyanosis. Medicinal treatment should be combined with the acupuncture for patients with the above complicating symptoms. If patients have been on medication before receiving acupuncture, the dosage should be maintained as long as the condition requires.

c. If rheumatism is still acute, add Yanglingquan (G.B. 34), Xuanzhong (G.B. 39), Zusanli (St. 36), Dubi (St. 35), Huantiao (G.B. 30).

(10) HYPERTENSION

There are two types of hypertension, primary and secondary. Under conditions of rest, a blood pressure reading above 140/90 mm. mercury is considered to indicate hypertension. Primary hypertension occurs mainly in patients over 30 years of age, the chief symptoms being headache, feeling of tightness in head, dizziness, tinnitus, insomnia,

numbness of extremities, etc. Secondary hypertension may be due to nephritis, toxemia of pregnancy, intracranial or endocrine disturbance, etc.

Treatment: Select points from the Liver and Kidney Channels, and according to symptoms. Tapping with the "plum-blossom" needle may be considered.

Give fairly strong stimulation.

Prescription: Taixi (K. 3), Shenshu (U.B. 23), Xingjian (Liv. 2), Ganshu (U.B. 18).

Points according to symptoms:

Dizziness and headache: Fengchi (G.B. 20).

Abdominal distention and excessive sputum: Zhongwan (Ren 12), Fenglong (St. 40).

General weakness: Zusanli (St. 36), Sanyinjiao (Sp. 6).

Treat once a day, allowing needle to remain for 15-20 minutes. Treat every other day when symptoms subside.

Remarks: The above prescription is also suitable for Menière's syndrome.

(11) SHOCK

Shock is a syndrome due to various causes and characterized by acute circulatory failure and general anoxia. Clinical signs are: pallor, coldness of extremities, cold clammy skin, hypotension, weak and rapid pulse, stupor or irritability, and in some cases coma. Emergency measures should be taken in severe cases. Shock is most often due to massive hemorrhage, severe dehydration and infectious toxic states, or it may be caused by trauma, allergy or a primary cardiac condition.

Treatment: Select points according to symptoms and apply moderate stimulation.

Prescription: (a) Renzhong (Du 26), Yongquan (K. 1). (b) Zusanli (St. 36), Sanyinjiao (Sp. 6), Neiguan (P. 6), Qihai (Ren 6).

Remarks: The needle should be manipulated intermittently (every 15-20 minutes). If blood pressure does not rise, puncture Neiguan (P. 6) and manipulate the needle continuously, or apply moxibustion on Qihai (Ren 6) until symptoms of shock subside. If there is respiratory failure or cessation, apply artificial respiration and simultaneously puncture Suliao (Du 25) and manipulate the needle continuously. Give oxygen inhalation if available.

Acupuncture is a simple and efficacious method in handling emergency conditions such as shock; at the same time corresponding measures should be taken according to availability. Apply etiological treatment.

(12) STRAINED NECK

This condition is generally due to improper position of the head during sleep, chilling of the local area, or slight strain on the neck muscles. Clinical manifestations are unilateral pain of the neck and impairment of neck rotation.

Treatment: Select points from the Gall Bladder and the Small Intestine Channels as main points and combine with local points. Give moderate or strong stimulation. Cupping is also advisable.

Prescription: Fengchi (G.B. 20), Xuanzhong (G.B. 39), Yanglao (S.I. 6) and Ah Shi Points.

Treat once daily, with the patient rotating his neck slowly during treatment.

(13) MALARIA

Malaria is an infectious disease caused by a protozoan (genus plasmodium) introduced into the blood stream by the bite of the anopheles mosquito. There are three types according to the variety of plasmodium introduced: tertian, quartan or subtertian. Clinical manifestations are recurrent chills and high temperature, with headache. Frequent attacks may result in anemia and splenomegaly.

Treatment: Using points of the Du Channel as the main points, combine with points according to symptoms and give strong stimulation.

Prescription: (a) Dazhui (Du 14), Jianshi (P. 5), Houxi (S.I. 3). (b) Zhiyang (Du 9), Xuehai (Sp. 10), Xuanzhong (G.B. 39).

Remarks: These two groups of points can be used alternately. Give treatment once or twice a day, retaining the needle for 15-20 minutes. It is believed that applying treatment at 6 or 7 a.m. is efficacious in the subtertian type. Generally, treatment should be given 2-3 hours before the attack is expected.

(14) ARTHRITIS

There are many kinds of arthritis, those seen most commonly in the acupuncture clinic being rheumatic and rheumatoid arthritis, and osteoarthritis.

Rheumatic arthritis is most common in children and young adults (under 20) with a history of infection of the upper respiratory tract. The acute stage is accompanied by symptoms of fever, sweating and malaise. There is characteristically an acute migratory involvement of the large joints, which are swollen, red, hot and painful, with tendency of the active process to involve the heart. Nodules and erythema annulare may appear around the joint. The disease often recurs but there are no sequelae with pathologic lesions in the involved joints. Laboratory examination reveals a rapid ESR and increase of antistreptolysin "O".

Rheumatoid arthritis occurs mainly in young and middle-aged patients — from 20 to 40 years old. Onset of this disease is insidious, although occasionally cases with acute onset may be seen. In the latter, arthritic symptoms at the early stage resemble those of rheumatic arthritis: ESR is rapid and there is increase of antistreptolysin "O". Pathological changes generally start in the small joints, which are symmetrically involved, with swelling, pain and limitation of movement. In the late stage there is muscular atrophy, deformities and inability to flex and extend the joint, and motor impairment becomes permanent.

In some cases the disease starts in the sacroiliac joint and gradually spreads to the spinal vertebrae, then to the hip joint. Clinical signs are stiffness and impaired movement of the spinal vertebrae, and pain on percussion over the sacroiliac joint; pressure on the pelvis constitutes a positive test. In the late stage the spinal column may become curved and finally develop complete ankylosis. X-ray examination: decalcification in the periphery of the bones and collection of synovial fluid in the joints in the early stage; in the late stage the joint spaces become narrow and there is destruction of bone matrix with fusion of the joints.

Osteo-arthritis is also known as proliferative or senile arthritis, patients being generally over 40 years old. Damage is inflicted in the lumbar, cervical, hip, knee and finger joints. X-ray examination shows proliferation of the bone tissue. Subjective symptoms are aching and stiffness of the joints which are relieved after active movement in the morning but intensified again with fatigue, and remission after rest.

In addition, there are purulent arthritis and tuberculous arthritis in which acupuncture is not indicated, hence details will not be given.

Treatment: Use local points and distal points according to the courses of the channels, giving moderate or strong stimulation. Moxibustion and acupuncture can be applied simultaneously, or apply cupping after acupuncture. Moxibustion is contra-indicated for patients with fever.

Prescription:

Upper extremities: Jianyu (L.I. 15), Quchi (L.I. 11), Waiguan (S.J. 5), Hegu (L.I. 4), Baxie (Extra 28).

Lower extremities: Huantiao (G.B. 30), Dubi (St. 35), Yanglingquan (G.B. 34), Xuanzhong (G.B. 39), Zusanli (St. 36), Jiexi (St. 41), Qiuxu (G.B. 40), Bafeng (Extra 36).

Pain in the vertebral column: the corresponding Huatuojiagi Point (Extra 21), Yamen (Du 15), Yinmen (U.B. 37).

Pain in the mandibular joint: Xiaguan (St. 7), Tinghui (G.B. 2), Hegu (L.I. 4).

Remarks: During the acute stage of arthritis, apply treatment once every day. In the chronic condition, treat every other day, retaining needle for 15-20 minutes. Ask patient to exercise the involved joint in order to promote recovery.

C. SURGICAL DISEASES

(1) LUMBAR PAIN

Lumbar pain is a common symptom caused by various etiological factors. The following are most frequently seen in the acupuncture clinic.

a. *Sprain of the lumbar region*: There is a history of trauma with severe local pain resulting in limitation of movement.

b. *Muscular strain in the lumbar region*: Manifestations are persistent back pain and stiffness of the lumbar region. The pain varies, becoming intensified after strenuous work, and is susceptible to changes in the weather. Usually there is no local tenderness, and movement of the back is normal.

c. *Rheumatic pain in the lumbar region*: Onset may be related to cold weather, damp, physical strain and infection of the upper respiratory tract. After prolonged rest such as a night's sleep, pain is intensified but remission occurs after a little movement or exercise, while it is aggravated by exposure to damp and cold. There is no redness, swelling, muscular atrophy or deformity, nor are there generalized symptoms.

Moreover, there are many diseases which may cause back pain, such as nephritis, pelvic inflammatory diseases, proliferative spondylitis, tumour, slipped intravertebral disc of the lumbar region, etc. In such cases acupuncture can be given also as auxiliary treatment to alleviate symptoms.

Treatment: Use points of the Urinary Bladder Channel as the main points. For lumbar pain from sprain, give strong stimulation; for rheumatic lumbar pain, give moderate stimulation; for muscular strain of the lumbar region, give mild stimulation. Acupuncture and moxibustion may be used simultaneously, or apply electro-needling, or cupping.

Prescription: Shenshu (U.B. 23), Weizhong (U.B. 40), Huatuojiayi Point (Extra 21), Yanglao (S.I. 6).

Points according to symptoms:

Pain in the vertebral column: Renzhong (Du 26).

Sprain: Houxi (S.I. 3).

Muscular rheumatism: Apply moxibustion on Shenshu (U.B. 23).

Remarks: Treat every day or every other day, retaining the needle for 15-20 minutes. If soft tissues have been damaged in the sprain, resulting in acute pain, apply treatment on the distal points Houxi (S.I. 3), Renzhong (Du 26), etc. Ask patient to turn hip while the needle is rotated. Puncture the local points after the pain is relieved.

(2) SHOULDER PAIN

Painful shoulder often occurs as a symptom due to sprain or strain of the soft tissues surrounding the shoulder joint, which may cause perifocal inflammation of the shoulder joint, supraspinatus tendinitis, infra-acromial bursitis, tendosynovitis of m. biceps brachii longus, etc.

a. Perifocal inflammation of the shoulder joint: This is generally due to chronic degeneration and inflammation of the bursa and the surrounding soft tissues of the shoulder joint. It may have started with a slight sprain or local chilling, or occur spontaneously. The pain may cover a large area and radiate to the neck and arm, and is accompanied with diffuse local tenderness. Pain that intensifies during quiescence is a marked feature, and there is limited movement when raising, abducting or stretching the arm posteriorly. Another notable feature of this disease is that pain is the main early complaint, while in the late stage the chief trouble is functional disturbance.

b. Supraspinatus tendinitis: This condition is a chronic inflammatory or degenerative change of the tendon often seen in labouring people above middle age. Pain usually occurs on the lateral aspect of the shoulder, and there is tenderness at the tendon attachment of the supraspinatus to the greater tubercle of the humerus.

c. *Infra-acromial bursitis*: Chief symptom is tenderness on the lateral aspect of the shoulder. Pain and functional disturbance occurs when the upper arm is turned anteriorly and posteriorly or horizontally.

d. *Tendosynovitis of m. biceps brachii longus*: Chief symptoms are pain, swelling and tenderness on pressure in the region of the m. biceps brachii longus anterior to the shoulder. Flexing of the elbow with voluntary contraction of m. biceps brachii causes intense pain. Pronounced pain is encountered when arm is abducted, raised or stretched posteriorly.

Treatment: Select points from the extremities, local area or distal points according to the course of the channel. Give fairly strong stimulation. Moxibustion or the electro-needling may be also applied.

Prescription: (a) Tiaokou (St. 38), Chengshan (U.B. 57). The needle may be directed and penetrated towards Chengshan from Tiaokou. (b) Jianyu, (L.I. 15), Naoshu (S.I. 10), Yanglingquan (G.B. 34), Quchi (L.I. 11).

Points according to symptoms:

Perifocal inflammation of shoulder joint: Tianzong (S.I. 11).

Supraspinatus tendinitis: Jugu (L.I. 16).

Infra-acromial bursitis: Jianliao (S.J. 14).

Remarks: First treat the point of the lower extremity of the diseased side — Tiaokou (St. 38) or Yanglingquan (G.B. 34). While manipulating the needle ask the patient to exercise the affected shoulder, the more vigorously the better. After withdrawing the needle, treat the local area. Treat once a day or every other day.

(3) ELBOW PAIN

There are two kinds of elbow pain frequently seen in the clinic besides that of arthritis:

a. *Inflammation of the lateral epicondyle of the humerus ("tennis elbow")*: Chief symptoms are pain and tenderness around the lateral epicondyle of the humerus and the humeroradial joint, intensified when arm is rotated in extension.

b. *Acute lesion of the soft tissues of the elbow*: There is a history of acute trauma with local swelling, congestion or bleeding. As the location of the lesion varies, tenderness or functional impairment may be different. Clinically, attention must be paid to determine if any fracture or dislocation is present. (In soft tissue lesions there is no abnormal movement, bony crepitation or fixed elastic sensation, and the deltoid configuration of the elbow is normal.)

Treatment: Select local points and distal points. Fairly strong stimulation. Moxibustion may be also applied.

Prescription: Quchi (L.I. 11), Zhouliao (L.I. 12), Yanglingquan (G.B. 34), Ah Shi Points.

Treat once daily or every other day. Retain needle for 15-20 minutes.

(4) TENDON SHEATH DISEASES

Three types of tendon sheath diseases are most frequently seen clinically:

a. *Stenosing-tendosynovitis of the radial styloideus process:* The chief clinical manifestation is pain and tenderness on pressure at the radial aspect of the carpal region which is more severe at night, and weakness of thumb movement.

b. *M. flexor digitorum tendosynovitis:* This may occur in all fingers, with tenderness and pain on the palmar surface of the metacarpal joints. When the diseased fingers are voluntarily flexed or extended there may be a snapping sound and a palpable nodule which moves with the tendon.

c. *Synovial cyst:* This most often occurs on the dorsal aspect of the wrist, sometimes at the malleolus or the knee joint. Locally there is a small mass with a smooth border, and slight pain. The involved joint may feel weak. On palpation there may be fluctuation of the tumour-like mass, which is movable and has an elastic sensation on pressure.

Treatment: Select points from the local area. Medium-strong stimulation. Moxibustion may be also applied.

Prescription: Ah Shi Points or adjacent points.

Points according to symptoms:

Stenosing-tendosynovitis of the radial styloideus: Yangxi (L.I. 5), Lieque (Lu. 7). Give 3-4 punctures around the local region.

M. flexor digitorum tendosynovitis:

Painful thumb: Lieque (Lu. 7).

Pain in index and middle finger: Daling (P. 7).

Pain in ring finger and small finger: Shenmen (H. 7).

Synovial cyst: Give 3-4 punctures around local area. Moxibustion or "plum-blossom" needle may also be applied.

Remarks: For diseases a and b, hydrocortisone acetate may be injected within the tendon as a block if necessary. Soaking the hands in hot water, massaging, exercising the fingers are advisable. In the late stage with marked snapping, surgery may be applied to free the tendon.

(5) SPRAIN OF THE LOWER EXTREMITIES

Sprains are generally due to sudden movements such as falls or unexpected pressure, which cause lesion to soft tissues such as muscles, tendons and ligaments, etc.

Sprain occurs mainly to the perifocus of the joint and illicit local pain, swelling and impairment of movement of the involved limb, which affects normal productive labour. There is no fracture of bones or dislocation of joints. If the disease is not completely cured, the lesion may become chronic and symptoms will recur due to strain or chilling of the local area.

Treatment: Local points. Medium-strong stimulation. Moxibustion may also be applied.

Prescription: Ah Shi Points, local and adjacent points.

Points according to symptoms:

Hip joint: Huantiao (G.B. 30).

Knee joint: Yanglingquan (G.B. 34).

Ankle joint: Xuanzhong (G.B. 39).

Remarks: In case of acute lesion of the soft tissue, treat Ah Shi Points first. If result is inconspicuous, puncture at the corresponding location of the healthy aspect. Ask patient to stretch and flex the diseased limb when applying treatment so as to promote relaxation of the tendons and ligaments of the sprained location and to relieve pain.

(6) ACUTE APPENDICITIS

Appendicitis is a common acute abdominal disease. Pain commencing at the upper abdomen or the umbilical region finally shifts and settles at the right lower quadrant, accompanied with nausea, vomiting and mild diarrhea. There is local tenderness and rebounding pain at the right lower quadrant (McBurney's Point), slight rise in temperature, and leucocytosis. Tenderness at Pt. Lanwei (Extra 33) occurs in most patients. A mass may be palpated if an abscess has formed. In case of tension of the abdominal muscles, rapid pulse and temperature elevation, serious consideration should be taken. In children there may be diarrhea.

Treatment: Select points from the Stomach Channel as the main points. Give strong stimulation.

Prescription: Lanwei (Extra 33), Zusanli (St. 36), Fujie (Sp. 14), Tianshu (St. 25).

Points according to symptoms:

Nausea, vomiting: Neiguan (P. 6).

Fever: Quchi (L.I. 11).

Remarks: Treat 2-3 times daily in acute stage, retaining the needle for 1 hour and manipulating it every 10-15 minutes. When symptoms are relieved, treat once a day. Continue to treat 2-3 days after symptoms disappear in order to establish results.

(7) DISEASES OF THE BILIARY TRACT

The most frequently seen diseases of the biliary tract are ascariasis of the bile duct, cholelithiasis and cholecystitis. The clinical signs of these diseases are intense pain in the epigastric region which may be referred to the right shoulder. Biliary ascariasis and cholelithiasis may lead to cholecystitis. In biliary ascariasis the onset of pain and remission are sudden, due to the worm penetrating and backing out of the bile duct. During the attack a "drilling" or "pressing" sensation may be felt over the right epigastrium, accompanied by nausea and vomiting. There may be slight tenderness on the right inferior aspect of the sternum, but rigidity of abdominal muscles is absent.

In cholelithiasis, if the stone is in the gall bladder, there is only the manifestation of indigestion. But if it has shifted to the bile duct, spasmodic intense pain similar to that of biliary ascariasis may be present.

Symptoms of cholecystitis may be mild or severe. Generally there is distending pain in the epigastric and the hypochondriac region accompanied by fever.

If biliary ascariasis or cholelithiasis occurs at the same time, there is usually acute paroxysmal attack of pain with marked tenderness in the right upper abdomen. In obstruction of the bile duct with bile stasis, there may be marked tenderness in the right hypochondriac region, the enlarged gall bladder may be palpable, and obstructive jaundice may result.

Treatment: Select points from the Stomach Channel. Give strong stimulation.

Prescription:

Ascariasis of the bile duct: Penetrate Yingxiang (L.I. 20) towards Sibai (St. 2), Yanglingquan (G.B. 34).

Cholecystitis: Dannang (Extra 35), Zhigou (S.J. 6).

Cholelithiasis: Danshu (U.B. 19), Zusanli (St. 36).

Points according to symptoms:

Vomiting: Neiguan (P. 6).

Jaundice: Zhiyang (Du 9).

Back pain: Ganshu (U.B. 18).

Treat once a day, 10 treatments to a course. Apply two courses generally. Combine with other methods of treatment if necessary.

(8) MASTITIS

Mastitis is an acute pyogenic infection of the tissues of the breast. It may be due to cracks in the nipple of nursing mothers, or obstruction in the passage of milk. Symptoms are local redness, lumpy swelling, pain and tenderness accompanied with chills, fever and swelling of lymph glands in the axilla of the affected side.

Treatment: Select points from the Liver, Gall Bladder, and Stomach Channels. Give strong stimulation.

Prescription: Taichong (Liv. 3), Foot-Linqi (G.B. 41), Rugen (St. 18), Shaoze (S.I. 1), Zusanli (St. 36), Shanzhong (Ren 17).

Remarks: Select 2-3 points at each treatment. Treat once daily, retaining the needle for 15-20 minutes.

Acupuncture treatment may act as an antiphlogistic in the early stage of mastitis, but if an abscess is formed, surgical treatment should be applied.

(9) ERYSIPELAS

Erysipelas is an acute inflammation of the intracutaneous capillary lymphatics caused by streptococcus. It most frequently occurs on the lower extremities or the face. Onset is abrupt with local redness, swelling, heat and pain. The lesion is slightly raised with clear-cut margins, and the centre is dull in colour. The regional lymph nodes may be enlarged; generalized symptoms such as fever, chills and headache may be present.

Treatment: Local and distal points, rapid pricking and rapid withdrawal of needle. The "plum-blossom" needle may also be applied.

Prescription: Ah Shi Points, Weizhong (U.B. 40), Xuehai (Sp. 10).

Points according to symptoms:

Fever: Dazhui (Du 14), Quchi (L.I. 11).

Headache: Taiyang (Extra 2).

Remarks: Treat once or twice a day, selecting 2-3 points each time. In case generalized symptoms are severe, combine with Chinese medicine and antibiotic treatment.

(10) FURUNCLE

This is due to staphylococcus infection of a single hair follicle and its related sebaceous gland. It occurs mostly on the head, face and the four extremities. It starts as a miliary vesicle or a pustule and is small but deep rooted. The colour may be red or purple. The lesion is hot and painful with a base hard as a nail.

After a few days it becomes purulent, and the pain is relieved when the pus is drained. If the furuncle is squeezed and incised too early, there may occur temperature elevation, irritability, mental disturbance, dizziness, vomiting and spreading of the local inflammation. There may be mental cloudiness and convulsions in severe cases, indicating septicemia.

Treatment: Select local and distal points. Superficial puncture around the furuncle.

Prescription: Ah Shi Points, Lingtai (Du 10), Shenzhu (Du 12).

Points according to symptoms:

High fever: Dazhui (Du 14), Hegu (L.I. 4).

Severe cases with mental cloudiness: Laogong (P. 8), Shenmen (H. 7).

Remarks: Treat once or twice a day, selecting 2-3 points at a time. Retain needle for 15 minutes. In severe cases with generalized symptoms, or if septicemia occurs, combine with other emergency measures.

(11) ACUTE LYMPHANGITIS ("RED LINE FURUNCLE")

Acute lymphangitis, or "red line furuncle" as it is popularly called, is an acute pyogenic infection of the lymphatic duct usually resulting from a focus of infection. There may be one or several red lines extending from the site of the infection to the related lymph nodes. On palpation the lesion is somewhat hard, with tenderness; chills, fever and other generalized symptoms are present in severe cases.

Treatment: Select local and distal points. Apply venous pricking with filiform needle or the three-edged needle.

Prescription: Quze (P. 3). Prick and let out blood at every 2 cun along the red line. Weizhong (U.B. 40), Shixuan (Extra 30).

Remarks: If necessary, apply Chinese medicine or antibiotics.

(12) SIMPLE GOITRE AND HYPERTHYROIDISM

Simple goitre is due to compensatory hyperplasia of the thyroid gland caused by deficiency of iodine. It generally occurs on high plateaus and in mountainous areas. The manifestations are enlargement of the neck, the thyroid glands on both sides of the neck becoming diffusely enlarged, soft and non-tender. In the late stage nodules of varying size may be felt. In severe cases there may be oppressive symptoms with difficult breathing, dry cough, hoarseness of voice, etc.

Hyperthyroidism is due to hypersecretion of the thyroid gland as a result of functional disturbance of the higher centre of the central nervous system. Symptoms and signs: Irritability, tachycardia, profuse sweating, increased appetite, exophthalmos, tremor of fingers accompanied with enlargement of the thyroid gland with bruit and a palpable thrill.

Treatment: Select local and distal points. Give moderate stimulation. The "plum-blossom" needle may also be applied locally.

Prescription: Renying (St. 9), Neiguan (P. 6), Sanyinjiao (Sp. 6), Hegu (L.I. 4), Naohui (S.J. 13).

Points according to symptoms:

Hoarseness of voice: Tianrong (S.I. 17), Tiantu (Ren 22).

Dry cough: Lieque (Lu. 7), Zhaohai (K. 6).

Remarks: With patient sitting upright or in supine position, apply 1-2 punctures on both sides of the mass of the thyroid gland and direct the needle tip towards the centre of the mass, then puncture distal points. Treat once a day or every other day, 10 treatments to a course.

(13) HEMORRHOIDS

Hemorrhoids may be due to constipation or other causes resulting in obstruction of the hemorrhoidal venous return followed by varicosity. Hemorrhoids may be external or internal; those below the mucocutaneous junction are considered external, while those above the junction are internal. Internal hemorrhoids are easily fissured, with bleeding, and sometimes protrude outside the anus after defecation, producing strangulated pain. External hemorrhoids may thrombose, with blood clots forming beneath the skin. There is then protracted pain of the anus which is aggravated during defecation. External hemorrhoids are visible outside the anus.

Treatment: Select points from the Urinary Bladder Channel as the main points. Give strong stimulation.

Prescription: Ciliao (U.B. 32), Baihuanshu, (U.B. 30), Chengshan (U.B. 57), Changqiang (Du 1).

Points according to symptoms:

Constipation: Dachangshu (U.B. 25), Zhigou (S.J. 6).

Remarks: Treat once a day or every other day. Retain needle 15-20 minutes. Besides acupuncture, medicinal sitz baths are indicated. If necessary, apply surgical treatment.

(14) PROLAPSE OF RECTUM

This condition is the prolapse of the anal mucous membrane, or partial prolapse of the rectum outside the anus. At the early stage, prolapse of the rectum occurs only after defecation, but in severe cases it may occur whenever there is increased abdominal pressure, or upon walking energetically.

Treatment: Select points from the Ren and Du Channels. Give medium-strong stimulation. Moxibustion may also be applied.

Prescription: Baihui (Du 20), Changqiang (Du 1), Zusanli (St. 36), Sanyinjiao (Sp. 6), Qihai (Ren 6), Shenjue (Ren 8). Apply moxibustion on the last two points.

Remarks: Treat daily or every other day. Retain needle for 15-20 minutes. Combine with Chinese medicine by mouth. If necessary, surgical treatment can be applied.

(15) URTICARIA

Urticaria is an allergic disease, generally known as hives or nettle rash. There are numerous causes, such as allergy to food or drugs, ascariasis, etc. The onset is abrupt, with raised plaques of various size, and intense pruritus. Yet the symptoms subside rapidly. Frequent recurrences are encountered in chronic cases.

Treatment: Select points from the Liver and Spleen Channels. Give medium-strong stimulation.

Prescription: Zhangmen (Liv. 13), Qimen (Liv. 14), Xingjian (Liv. 2), Xuehai (Sp. 10), Sanyinjiao (Sp. 6), Zusanli (St. 36).

Treat once every day. Retain needle for 15-20 minutes. Deep puncture can be applied to Xuehai (Sp. 10) with needle tilted upward. Sensation may radiate to the base of femur.

D. GYNECOLOGICAL AND OBSTETRIC DISEASES

(1) IRREGULAR MENSTRUATION, AMENORRHEA

Irregular menstruation due to dysfunction of the ovary and with disturbance of menstruation is known as menstrual dysfunction. It includes irregularity of the menstrual cycle, excessive or scanty bleeding, prolonged or shortened course, the colour of the blood being too dark or too light, etc.

Amenorrhea may be due to disorder of endocrine function and generalized chronic diseases such as pulmonary tuberculosis, anemia, malnutrition, hypoplasia of uterus, tuberculosis of the genital organs, etc.

Treatment: Select points from the Spleen and Ren Channels as the main points and give moderate stimulation. Moxibustion can also be applied.

Prescription: Sanyinjiao (Sp. 6), Ganshu (U.B. 18), Xuehai (Sp. 10), Qihai (Ren 6), Guanyuan (Ren 4).

Points according to symptoms:

Excessive bleeding: Yinbai (Sp. 1) (moxibustion).

Back pain: Apply "plum-blossom" needle on the lumbo-sacral region; puncture Ciliao (U.B. 32).

Treat once daily or every other day. Retain needle for 15-20 minutes. The above points are also indicated in menorrhagia.

(2) PELVIC INFLAMMATORY DISEASES

Pelvic inflammatory diseases include those of the pelvic organs and tissues. Clinical symptoms are pain in the lower abdomen and the appearance of a mass if the disease is protracted. There may be accompanying irregular menstruation, leukorrhea, back pain, etc. In acute cases there may be chills and fever, headache, etc. Examination: Pain on palpation of the cervix, tenderness of the uterine body, marked tenderness in lower abdomen with rebounding pain.

Treatment: Use local points and points according to symptoms. Give moderate stimulation. Moxibustion may also be applied.

Prescription: Guanyuan (Ren 4), Guilai (St. 29), Shangliao, Ciliao, Zhongliao, Xialiao (U.B. 31-34), Sanyinjiao (Sp. 6).

Points according to symptoms:

Leukorrhea: Daimai (G.B. 26).

Backache: Shenshu (U.B. 23).

Treat once a day or every other day. Retain needle for 15-20 minutes. In acute cases combine with appropriate medical treatment.

(3) PROLAPSE OF UTERUS

Prolapse of uterus is mainly due to relaxation of the supporting uterine ligaments or too early participation in physical labour after childbirth, or general asthenia. There are 3 degrees of this disease: (a) Uterus descends but cervix is still within vagina. (b) Cervix and a portion of the uterus are prolapsed outside vagina. (c) Uterus is completely prolapsed outside vagina. There may be local infection and erosion.

Symptoms: Patients are conscious of a bearing down sensation and distention at vulval region, an obvious mass protruding accentuated after strenuous work. In mild cases, the uterus may retract after rest. There may be back pain, difficult defecation and incontinence of urine.

Treatment: Give moderate to strong stimulation.

Prescription: Weibao (Extra 15), Sanyinjiao (Sp. 6), Qihai (Ren 6) (moxibustion), Baihui (Du 20), Shangliao, Ciliao, Zhongliao, Xialiao (U.B. 31-34) (moxibustion), Zusanli (St. 36).

Treat once every day or every other day. Retain needle for 15-20 minutes.

(4) MORNING SICKNESS

This is a reaction of pregnancy during the first three months as occurring in most women. There may be nausea, anorexia, fondness for sour-tasting food, and vomiting which is more severe in the morning. These are considered to be normal manifestations, but if vomiting is excessive, affecting intake of food and the health of the pregnant woman, this may be considered a pathological condition. Measures should be taken to avoid dehydration or acidosis.

Treatment: Give mild to moderate stimulation.

Prescription: Neiguan (P. 6), Zusanli (St. 36).

Treat once or twice a day, retaining needle for 15-20 minutes.

(5) MALPOSITION OF FETUS

Malposition of fetus signifies such improper positions of the fetus within the uterus as breech and transverse position. This condition occurs most often in multiparae and in women whose abdominal wall is over relaxed. The patient feels no discomfort and only an obstetric examination will reveal the condition.

Treatment: Apply moxibustion only.

Prescription: Zhiyin (U.B. 67).

Apply moxa-stick for 30 minutes once every day until fetal position is corrected. Ask patient to loosen the belt while giving treatment.

(6) PROLONGED LABOUR

Prolonged labour means delivery is delayed, affecting the birth of the child. Slow and weak contraction of the uterus may be the cause. Acupuncture may hasten delivery by inducing contraction of the uterus.

Treatment: Select points according to the course of the channels. Give moderate stimulation.

Prescription: Sanyinjiao (Sp. 6), Taichong (Liv. 3), Shangliao, Ciliao (U.B. 31-32), Hegu (L.I. 4).

Manipulate the needle continuously for 15-30 minutes.

(7) LACTATION DEFICIENCY

When there is no distention of the breasts, or the flow of milk cannot satisfy the needs of the newborn 48 hours after delivery, the condition is considered lactation deficiency. Causes may be asthenia, anorexia, emotional stress or an incorrect method of breast feeding.

Treatment: Select points according to the course of the channels. Give moderate stimulation. Moxibustion can also be applied.

Prescription: Shanzhong (Ren 17), Rugen (St. 18), Jiquan (H. 1), Shaoze (S.I. 1), Zusanli (St. 36).

In Shanzhong (Ren 17), direct needle laterally towards the breasts, and in Rugen (St. 18), direct needle horizontally upward. The sensation radiates to the breast.

Treat once or twice a day. Apply moxibustion on the above two points for 15-20 minutes.

E. PEDIATRIC DISEASES

(1) WHOOPING COUGH

This is a common children's disease caused by hemophilus pertussis. There may be symptoms of the upper respiratory tract at the onset, followed 6-7 days later by attacks of paroxysmal cough in rapid succession accompanied at the end of the seizure by an inspiratory "crow" or whoop which frequently induces vomiting. Patients usually have facial and

periorbital swelling, and about half have leucocytosis and lymphocytosis. The disease is occasionally complicated with pneumonia or encephalitis.

Treatment: Select local points and distal points, or apply cupping. Give moderate or strong stimulation.

Prescription: Dingchuan (Extra 17), Fenglong (St. 40), Feishu (U.B. 13), Chize (Lu. 5).

Points according to symptoms:

Vomiting: Neiguan (P. 6).

Bloody sputum: Kongzui (Lu. 6).

Treat once daily, retaining needle 5-10 minutes, or do not retain the needle. After improvement, reduce the amount of stimulation and treat once every other day.

(2) INFANTILE MALNUTRITION

Infantile malnutrition is a syndrome caused by various chronic diseases such as indigestion, nutritional deficiency, intestinal parasites, or chronic wasting diseases.

Clinical features: Onset with anorexia, afternoon fever, vomiting, diarrhea, abdominal distention followed by sallowness, wasting, crankiness, irritability, constipation or loose stool; in severe cases there may be marked abdominal distention, loss of hair, pallor, apathy and arrested growth.

Treatment: Moderate stimulation.

Prescription: Sifeng (Extra 29), Pishu (U.B. 20), Weishu (U.B. 21), Tianshu (St. 25), Zusanli (St. 36).

Points according to symptoms:

Vomiting: Neiguan (P. 6).

Abdominal pain: Qihai (Ren 6).

Abdominal distention: Gungsun (Sp. 4).

Afternoon fever: Dazhui (Du 14), Sanyinjiao (Sp. 6).

Treat once daily or every other day, retaining needle 5-10 minutes, or do not retain the needle. On Pt. Sifeng (Extra 29) prick with filiform needle or three-edged needle and squeeze out yellow mucoid fluid.

(3) ACUTE INFANTILE CONVULSION

Signs of acute infantile convulsion: The onset is abrupt with temperature elevation and irritability followed by coma, staring eyes, trismus, stiff neck, opisthotonos, convulsive movement of the extremities which may be protracted or paroxysmal, rapid breathing, etc. Fever may be the

cause of acute convulsions; however, more common causes are infections of the central nervous system such as epidemic type B. encephalitis and meningococcus meningitis, and toxic encephalopathies such as toxic pneumonia and toxic dysentery. Acupuncture may help in lowering the temperature and stopping the convulsion, but the cause of the convulsion should be determined immediately so that appropriate medicinal or other treatment may be given.

Treatment: Select points according to symptoms. Strong stimulation.

Prescription: Renzhong (Du 26), Shaoshang (Lu. 11), Shixuan (Extra 30).

Points according to symptoms:

High fever: Dazhui (Du 14), Quchi (L.I. 11).

Mental cloudiness: Neiguan (P. 6), Taichong (Liv. 3).

Meningeal stimulation symptoms: Fengchi (G.B. 20), Shenzhu (Du 12).

Encephaledema: Yamen (Du 15), Fulu (K. 7).

Respiratory failure: Suliao (Du 25).

Excessive sputum: Lieque (Lu. 7), Fenglong (St. 40).

Convalescent stage:

Tremor of extremities: Shousanli (L.I. 10), Shaohai (H. 3), Yanglingquan (G.B. 34).

Visual deficiency: Qiuhou (Extra 4), Guangming (G.B. 37).

Strabismus: Jingming (U.B. 1), Tongziliao (G.B. 1).

Aphasia: Yamen (Du 15), Tongli (H. 5).

Difficulty in swallowing: Lianquan (Ren 23), Zhaohai (K. 6).

During seizure, puncture Renzhong (Du 26) and Shixuan (Extra 30), then prick and cause bleeding at Shaoshang (Lu. 11). Other points may be selected according to symptoms. Combine with medicinal treatments if necessary, as acute convulsion develops rapidly.

(4) CHRONIC INFANTILE CONVULSION

Chronic infantile convulsion is generally due to prolonged vomiting and diarrhea resulting in metabolic and nutritional disturbance, to chronic infection of the central nervous system, or it may follow acute convulsion. The main clinical features are an insidious onset, non-acute convulsions, sallowness and thinness, listlessness, anorexia, loose stools. Some cases may be accompanied with incontinence of feces and urine, or manifestations of head tremor, stiff neck, etc.

Treatment: Select points according to symptoms. Mild stimulation. Moxibustion may be also applied.

Prescription: (a) Baihui (Du 20), Guanyuan (Ren 4), Zusanli (St. 36).
(b) Ganshu (U.B. 18), Pishu (U.B. 20), Qihai (Ren 6).

Points according to symptoms:

Diarrhea: Tianshu (St. 25).

Convulsions: Hegu (L.I. 4), Taichong (Liv. 3).

The above two groups of points can be applied alternately. Moxibustion may also be applied. If necessary, other points may also be used, according to symptoms.

(5) PAROTITIS (MUMPS)

Parotitis, generally known as mumps, is an infectious disease caused by a virus. It occurs mostly in children. Clinical features are painful swelling unilaterally or bilaterally of the parotid gland, the centre of the swelling being at the ear-lobe while the margins are indistinct. The patient finds it difficult to open the mouth, and there is pain on chewing. Most patients have also fever and headache. The symptoms subside after 10 days without purulent sequelae. In children there is a possibility of complication with meningitis, while in adult males there may be orchitis.

Treatment: Select points from local area and those of the extremities according to the course of the channel. Moderate stimulation.

Prescription: Yifeng (S.J. 17), Jiache (St. 6), Hegu (L.I. 4), Waiguan (S.J. 5).

Points according to symptoms:

Fever: Quchi (L.I. 11).

Treat once a day, retaining needle 5-10 minutes, or do not retain the needle.

(6) POLIOMYELITIS (INFANTILE PARALYSIS)

Infantile paralysis is an acute infectious disease of the central nervous system which prevails in summer and autumn and is caused by invasion of virus into the anterior horn cells of the spinal cord via the digestive tract. Prodromal symptoms are fever, generalized malaise and various signs referable to the respiratory and digestive tracts which subside after 1-4 days. Fever recurs after 3-6 days, accompanied by headache, drowsiness and vomiting, this stage being known as the pre-paralytic stage. The main features at this stage are muscular pain, hyperesthesia and, in children, objection to be carried or moved. The fever subsides after a week and flaccid

paralysis of the muscles and limbs sets in. This is designated the paralytic stage. In most cases the lower limbs are affected, sometimes on one side only, sometimes on both. Reflexes are lost on the affected side; however, there is no sensory disturbance. Recovery begins after one to two weeks. Some patients tend towards cure within a year, while others will be left with sequelae such as muscular atrophy and eventual deformity.

Treatment: During the early stage, select points according to symptoms and give mild stimulation.

Prescription: Dazhui (Du 14), Waiguan (S.J. 5), Quchi (L.I. 11).

Points according to symptoms:

Diarrhea: Tianshu (St. 25), Zusanli (St. 36).

Sore throat: Tianrong (S.I. 17), Shaoshang (Lu. 11).

Headache, vomiting: Taiyang (Extra 2), Neiguan (P. 6).

Sequelae or paralytic stage:

Prescription: Points on the paralysed aspect. Give strong stimulation.

Paralysis of the diaphragm muscle: Geshu (U.B. 17), Qimen (Liv. 14), Jiuwei (Ren 15).

Paralysis of the abdominal muscle: Pishu (U.B. 20), Weishu (U.B. 21), Liangmen (St. 21), Tianshu (St. 25).

Paralysis of the upper extremities: Dingchuan (Extra 17), Quchi (L.I. 11), Hegu (L.I. 4).

Drop wrist: Waiguan (S.J. 5), Yanglao (S.I. 6).

Paralysis of lower extremities: Huatuojiuji Point (Extra 21, along L2-S2), Huantiao (G.B. 30), Yanglingquan (G.B. 34).

Excessive extension of knee joint: Weizhong (U.B. 40), Ququan (Liv. 8).

Drop ankle: Shangjushu (St. 37), Jiexi (St. 41).

Extroversion of foot: Taixi (K. 3), Sanyinjiao (Sp. 6).

Introversion of foot: Xuanzhong (G.B. 39), Kunlun (U.B. 60).

Treat once every day or every other day, retaining needle 15-20 minutes, or do not retain the needle. During treatment, ask the patient to co-operate by exercising the affected extremity so as to promote its motor function.

F. DISEASES OF THE SENSE ORGANS

(1) ACUTE CONJUNCTIVITIS, PHOTOPHTHALMIA

Acute conjunctivitis is a bacterial infection of sudden onset, usually occurring between spring and summer. Chief symptoms are redness, swell-

ing, pain, itching and a rubbing sensation of the eye accompanied by photophobia, lacrimation and purulent discharge. In severe cases there may be corneal complications.

Photophthalmia is an acute eye disease occurring among welders due to injury from ultra-violet rays emitted during arc welding. Changes generally occur after 6-8 hours. However, in severe cases the time lapse may be only 30 minutes. Chief symptoms are redness and swelling of the eyelids and bulbar conjunctivae accompanied by irritation, aching and distention, photophobia and lacrimation. In severe cases stabbing pain is felt. Acupuncture treatment may be effective in these two conditions.

Treatment: Select points from the eye area and give mild stimulation.

Prescription: (a) Taiyang (Extra 2), Jingming (U.B. 1), Hegu (L.I. 4). (b) Sizukong (S.J. 23), Chengqi (St. 1). (c) Prick to cause bleeding on apex of ear, or make venous section on back of ear.

These three groups of points can be applied alternately. Give treatment once a day. Retain needle 10-15 minutes.

(2) MYOPIA

Myopia is generally known as "short-sightedness." Acupuncture may alleviate myopia in children.

Treatment: Select local points and combine with distal points. Moderate stimulation.

Prescription: (a) Chengqi (St. 1), Jingming (U.B. 1), Hegu (L.I. 4). (b) Yiming (Extra 7), Fengchi (G.B. 20), Guangming (G.B. 37).

Usually apply treatment on group (a) points. If there is improvement, continue to use these points. If results are inconspicuous, try group (b). Give treatment once a day and retain needle for 10-15 minutes. Ten treatments constitute a course; then stop treatment for 5-7 days, and start again. Massaging of points near the eye may be considered, 2-3 points being selected and massaging for 3-5 minutes.

(3) ATROPHY OF OPTIC NERVE

This condition is due to neuritis of the optic nerve or other factors which cause degenerative changes of the eye. Chief symptoms are diminished visual acuity, contraction of the visual field, appearance of paleness and atrophy of the optic disc of the fundus.

Central retinitis is a pathologic change of the retina and choroid due to vascular spasm. Symptoms of the early stage are disturbance of central vision of varying degree. In some patients, objects appear distorted or shrunk. In others there may be temporary hyperopia. Vascular spasm of the retina can be seen on fundoscopic examination, and a greyish red cyst-like tuberosity is seen in the macula lutea area.

The change in pigment of the retina is due to the deposition of star-shaped or bone cell-shaped pigments at the equator area of the fundus of the eye. In the early stage of the disease, the patient may have night blindness; circled blind spots may appear in the visual field, which gradually contracts, becoming tube-like. The patient has only central vision and, as the visual field contracts, vision becomes increasingly poor. The retinal vessels become conspicuously narrow and the optic disc presents a yellow, lipoidal atrophy.

Treatment: Select points from local area and combine these with points on the extremities. Mild stimulation.

Prescription: (a) Jingming (U.B. 1), Qiuhou (Extra 4), Yiming (Extra 7). (b) Ganshu (U.B. 18), Shenshu (U.B. 23), Sanyinjiao (Sp. 6).

These two groups of points may be applied alternately once a day, retaining the needle for 10-15 minutes. Ten treatments may be considered as one course. Rest for 5-7 days between each treatment.

(4) TONSILLITIS, PHARYNGITIS

Acute tonsillitis is a bacterial infection of the palatine tonsil. Clinical symptoms are sudden onset of sore throat, with fever, headache, general aching, and congestion and swelling of the palatine tonsils bilaterally. There may be a whitish exudate scattered on the surface of the tonsils which is easily removed without causing bleeding. This is a sign for differentiating the disease from diphtheria. There may be also swelling and tenderness of the cervical lymph nodes.

Pharyngitis is a diffuse congestion of the pharynx. In acute cases, besides sore throat there may be accompanying fever, headache and general malaise.

Treatment: Points on the neck are the main points, which should be combined with distal points. Strong stimulation.

Prescription: Tianrong (S.I. 17), Hegu (L.I. 4), Shaoshang (Lu. 11). Prick and cause bleeding on the last point.

Points according to symptoms:

Fever: Quchi (L.I. 11), Neiting (St. 44).

Treat once or twice a day; retain the needle for 10-15 minutes.

(5) CHRONIC RHINITIS, CHRONIC SINUSITIS

Chronic rhinitis is due mainly to protracted inflammation of the mucous membrane of the nose which causes the pathological change of chronic inflammation of the nasal mucosa and the submucosa. There is intermittent or alternative nasal obstruction, increased nasal discharge (purulent, or thick mucous), chronic congestion, swelling and smoothness of the mucous membrane of the nasal cavity.

Chronic sinusitis is a disease caused by various factors, resulting in swelling of the mucous membrane of the sinus and obstruction of the sinus orifice. Manifestations are nasal obstruction of the affected side, purulent nasal discharge with a foul odour, loss of or weakened sense of smell accompanied with general symptoms of headache, giddiness, distention in the head, insomnia, hypomnesia, etc.

Treatment: Select the points of the nose region, and combine with the points of the extremities. Strong stimulation.

Prescription: (a) Yingxiang (L.I. 20), Shangxing (Du 23), Hegu (L.I. 4). (b) Yintang (Extra 1), Lieque (Lu. 7), Fengchi (G.B. 20).

Points according to symptoms:

Headache: Taiyang (Extra 2).

Pain at the brow region: Zanzhu (U.B. 2).

These two groups of points can be used alternately once a day or every other day, retaining the needle for 15-20 minutes.

(6) TOOTHACHE

Toothache is most commonly due to inflammation of the dental pulp and around the crown, periodontitis, dentoalveolar abscess or dental caries.

Treatment: Select points from the Stomach, Large Intestine and Kidney Channels. Moderate to strong stimulation.

Prescription: Hegu (L.I. 4), Neiting (St. 44), Xiaguan (St. 7), Jiache (St. 6), Shenshu (U.B. 23), Taixi (K. 3).

No matter what kind of toothache, it is advisable to puncture at Hegu (L.I. 4) first with strong stimulation. Rotate needle for 3-5

minutes continuously. If pain still persists, select points according to symptoms.

(7) DEAF-MUTISM

Deaf-mutism is generally due to loss of hearing before the age of 2-3 years, which is a hindrance in learning to speak. Most cases result from acute infectious diseases such as measles, epidemic meningitis, encephalitis, typhoid, otitis media, toxic effects of drugs, etc. There may be also congenital deaf-mutism.

Treatment: Generally, treat the deafness first and the mutism afterwards, or treat both simultaneously, combining treatment with speech training.

Select points around the ear region as the main points for treating deafness, and the points of the Ren and Du Channels for treating mutism. Combine these with points of the extremities. Apply mild stimulation at the early stage, and then gradually increase the amount of stimulation.

Prescription:

Points for deafness: Ermen (S.J. 21), Tinggong (S.I. 19), Tinghui (G.B. 2), Yifeng (S.J. 17), Waiguan (S.J. 5), Zhongzhu (S.J. 3).

Points for Mutism: Yamen (Du 15), Lianquan (Ren 23), Tongli (H. 5).

When puncturing Yamen (Du 15), direction of needle should be towards the mandible and the depth should not generally exceed 1.5 inches in adults so as not to enter the spinal membrane. Manipulation of the needle is not advisable.

Puncture once a day, selecting 1 to 3 points at each treatment. Do not retain needle. Take 10-15 treatments as one course. Rest for 5-7 days between each course.

G. NERVE AND MENTAL DISEASES

(1) APOPLEXY

Apoplexy is most often due to disturbance of blood circulation in the brain, and includes diseases of the central nervous system caused by cerebral hemorrhage, cerebral thrombosis, cerebral embolism and hemorrhage of the subarachnoid space, etc. Chief clinical symptoms are hemiplegia, mental disturbance and coma.

In Chinese medicine, there are the mild and severe types of apoplexy. The former results from the channels being affected, and symptoms include motor and sensory disturbance of the extremities. The severe type results from the viscera being affected and occurs in flaccid or tense form.

Symptoms of the tense form are: sudden collapse, coma, staring eyes, clenched fists, trismus, flushed face, excessive sputum, coarse breathing, retention of urine and feces.

Manifestations of the flaccid form are: sudden collapse, coma, closed eyes, relaxed hands, open mouth, pallor, profuse sweating with drops covering forehead and face, snoring, cold, clammy extremities, incontinence of urine and feces, weak pulse.

Treatment: Select local points and combine with distal points according to the course of the channel. Amount and methods of stimulation are determined by the pathological duration, and the constitution of the patient.

Prescription:

Acute stage:

The tense form: Strong stimulation without retaining the needle.

Renzhong (Du 26), Shixuan (Extra 30), Taichong (Liv. 3), Fenglong (St. 40), Baihui (Du 20), Yongquan (K. 1).

The flaccid form: Moxibustion on Shenjue (Ren 8) and Guanyuan (Ren 4).

Chronic stage: Strong stimulation of appropriate amount.

Upper extremities: Dingchuan (Extra 17), Jianyu (L.I. 15), Waiguan (S.J. 5), Quchi (L.I. 11), Hegu (L.I. 4).

Lower extremities: Shenshu (U.B. 23), Dachangshu (U.B. 25), Yinmen (U.B. 37), Huantiao (G.B. 30), Fengshi (G.B. 31), Yanglingquan (G.B. 34), Xuanzhong (G.B. 39), Jiexi (St. 41).

Aphasia: Lianquan (Ren 23), Yamen (Du 15), Tongli (H. 5).

Facial paralysis: Xiaguan (St. 7), Jiache (St. 6), Chengjiang (Ren 24).

Remarks: (a) During the acute stage of cerebral hemorrhage and hemorrhage of the subarachnoid space, the patient must keep absolutely calm and lie flat with the head slightly elevated. Chinese traditional and Western treatment, such as measures for dehydration, sedation, stopping bleeding and lowering of blood pressure should be given. Blood pressure readings should be taken before, during and after acupuncture, and if a rise in blood pressure is conspicuous, acupuncture should be stopped. (b) With cerebral embolism, the first

stage of cerebral thrombosis, the patient is advised to lie flat and keep calm. A combination of Chinese traditional and Western treatment is given, using vasodilating agents and drugs for promoting blood circulation. Combine with other treatment for patients with cardiac diseases. (c) After the acute stage, help the patient to move his affected limbs, so as to promote recovery from hemiplegia. Treat once every day, retaining the needle for 15-20 minutes, 10 treatments to a course. Rest 5-7 days between each course.

(2) PARAPLEGIA

Paraplegia is a disturbance of neural function caused by transection of the spinal cord, generally as a result of trauma, inflammation, or tumour of the cord. Chief clinical signs are paralysis of both lower extremities, with hypoesthesia or anesthesia, and incontinence of stool and urine, or retention of urine.

Treatment: Select points according to the course of the channel and innervation. Strong stimulation of appropriate amount. Electro-needling may also be applied.

Prescription: Huatuojiagi Point (Extra 21) of the corresponding section, Yanglingquan (G.B. 34), Zusanli (St. 36), Sanyinjiao (Sp. 6).

Points according to symptoms:

Incontinence of urine and stool: Guanyuan (Ren 4), Ciliao (U.B. 32), Zhibian (U.B. 54).

Remarks: Acupuncture is applied only to relieve symptoms at the recovery stage. Treat once daily, 10 treatments to a course. Rest for 3-5 days between each course.

(3) EPILEPSY

Epilepsy frequently has a history of recurrent attacks without preceding emotional factors. The attacks are often sudden. In grand mal seizures, the patient loses consciousness after a sharp scream, falls to the ground with generalized muscular spasticity, dilation of the pupils, intermittent convulsions of all four extremities, facial cyanosis, incontinence of urine and stool and biting of tip of the tongue. The seizure may last for a few minutes, after which the patient falls into deep sleep and has no recollection of the attack on awakening. In petit mal the seizure lasts only a

few seconds, with loss of consciousness but without convulsions. The patient may suddenly stare straight ahead into space, and objects held in the hands may drop.

Epilepsy may also be due to focal organic lesions of the cerebrum, in which case there is no disturbance of consciousness but unilateral convulsive movement or numbness of the upper or lower extremities and face.

Emergency measures should be taken in case of unremitting attacks, a condition known as status epilepticus.

Treatment: Select points according to symptoms. Strong stimulation of appropriate amount.

Prescription: (a) Renzhong (Du 26), Houxi (S.I. 3), Shenmai (U.B. 62). (b) Baihui (Du 20), Zhongwan (Ren 12), Fenglong (St. 40). (c) Xinshu (U.B. 15), Ganshu (U.B. 18), Sanyinjiao (Sp. 6).

Remarks: Apply points of group (a) during seizure. Groups (b) and (c) can be applied alternately in intermittent period. Epilepsy is only a symptom; besides acupuncture, drugs should be given according to specific conditions.

(4) HEADACHE

Various conditions which may induce headache are (a) intracranial diseases, (b) diseases of the sense organs, e.g., sinusitis, (c) functional conditions such as produce migraine, and (d) such generalized diseases as hypertension.

Treatment: Local points combined with distal points according to the course of the channel. Stimulation amount and method of needle manipulation to be determined by the pathological condition.

Prescription:

Vertical headache: Baihui (Du 20), Kunlun (U.B. 60), Xingjian (Liv. 2).

Frontal headache: Yangbai (G.B. 14), Yintang (Extra 1), Hegu (L.I. 4).

Temporal headache: Taiyang (Extra 2), Fengchi (G.B. 20), Waiguan (S.J. 5).

Occipital headache: Yamen (Du 15), Tianzhu (U.B. 10), Kunlun (U.B. 60).

Generalized headache: Yamen (Du 15), Yintang (Extra 1), Hegu (L.I. 4), Waiguan (S.J. 5).

Remarks: It is not generally advisable to puncture with strong stimulation at points of the head region. Treat once every day or every other day, retaining the needle for 15-20 minutes. Acupuncture is effective in headache following cerebral concussion, or in functional headache (such as that before or after menstruation, or that of the menopause syndrome), in headache after surgical operation, etc. If headache is intensified after acupuncture treatment, a serious condition such as cerebral tumour or focal inflammation should be considered, and examination and treatment of the primary disease should be undertaken immediately.

(5) TRIGEMINAL NEURALGIA

The chief symptom of this disease is short, excruciating pains in the facial area supplied by the trigeminal nerve, which possesses three divisions: the ophthalmic, the maxillary and the mandibular branches. The clinical feature is a sudden attack of spasmodic electric shock-like (needle puncture or burning) severe pain in the involved area lasting a few seconds or minutes. Attacks may occur several times a day, generally when the patient is washing the face, brushing the teeth, eating or talking. Pain usually occurs on one side of the face over the area supplied by the 2nd and 3rd branches of the trigeminal nerve. There are no symptoms between attacks. The incidence is higher in middle-aged women than in other groups.

Treatment: Select points according to innervation and combine with distal points according to the course of the channel. Strong stimulation with prolonged retaining of needle.

Prescription:

Pain along the first branch: Yangbai (G.B. 14), Taiyang (Extra 2), Zanzhu (U.B. 2), Waiguan (S.J. 5).

The second branch: Sibai (St. 2), Juliao (St. 3), Renzhong (Du 26), Hegu (L.I. 4).

The third division: Xiaguan (St. 7), Jiache (St. 6), Chengjiang (Ren 24), Neiting (St. 44).

Remarks: Trigeminal neuralgia is a rather obstinate disease with frequent occurrence. If necessary, combine with medicinal treatment for temporary remission. Advise patient to persist in the acupuncture treatment.

Treat once daily during seizure, manipulating the needle every 5-10 minutes. Retain needle for 30 minutes to one hour.

(6) FACIAL PARALYSIS

Appendix: Facial Muscular Spasm

Facial nerve paralysis, also called "facial palsy," may be classified into the peripheral type and the central type. The former is due mainly to facial neuritis induced by exposure to cold wind. Onset is sudden, with pain in the posterior ear region followed by paralysis of the facial muscles of expression, disappearance of forehead creases, and inability to shut the eye. The nasal labial groove is shallow; the mouth is drawn towards the healthy side. There may be loss of the sense of taste in the anterior two-thirds of the tongue on the affected side and acoustic hypersensitiveness. Where the disease persists for a long time, the facial muscles of the affected side may become contracted, with the corner of the mouth twisted towards the affected side. There may be muscular twitching and an uncomfortable feeling, as if the face was stiff.

Facial paralysis of the central type is caused mainly by cerebral vascular disease or cerebral tumour. Symptoms are limited to the lower portion of the face where the muscles are paralysed. The forehead creases and shutting of the eyes are not affected, but there may be hemiplegia or paralysis of the upper extremities.

Treatment: Select points from the local area and distal points according to the route of the channel. Direct needle horizontally or obliquely on points of the affected aspect and apply moderate stimulation. Moxibustion may also be applied on the affected side.

Prescription: Yangbai (G.B. 14),* Sizhukong (S.J. 23),* Sibai (St. 2),* Dicang (St. 4),* Hegu (L.I. 4).

Points according to symptoms:

Shallow nasal labial groove: Yingxiang (L.I. 20).*

Slanted upper labial groove: Renzhong (Du 26).*

Slanted lower labial groove: Chengjiang (Ren 24).

Pain in the mastoid region: Yifeng (S.J. 17), Huizong (S.J. 7).

Treat once a day; retain needle for 15-20 minutes.

APPENDIX: FACIAL MUSCULAR SPASM

Treatment: Select local points and give moderate stimulation.

Prescription: Sibai (St. 2).

* Horizontal puncture.

Remarks: Direct needle towards infraorbital foramen. Retain needle for half an hour after sensation is felt. Treat once a day.

(7) INTERCOSTAL NEURALGIA

Clinical manifestations of this disease are frequent pains in one or several intercostal spaces, sometimes with a belt-like distribution.

The pain, which is distributed along the costal region, is intensified with coughing or deep breathing, and is characterized by a sharp pricking or electric shock sensation. In severe cases the pain may radiate to the lumbo-dorsal region of the affected side, with hyperesthesia of the skin of the corresponding area and tenderness on pressure at the borders of the ribs.

Treatment: Select points according to the innervation and distal points according to the course of the channel. Apply moderate stimulation.

Prescription: Huatuojiagi Point (Extra 21) of the corresponding area, Qimen (Liv. 14), Yanglingquan (G.B. 34), Taichong (Liv. 3).

Treat once a day; retain needle for 15-20 minutes.

(8) SCIATICA

Sciatica is a symptom which occurs whenever the sciatic nerve is affected by different etiological factors. According to the etiology, sciatica may be divided into the primary and secondary types.

The common symptom of sciatica is a diffuse, burning or stabbing pain which follows the course of the sciatic nerve, i.e., from the gluteal region along the posterior aspect of the thigh, the postero-lateral aspect of the leg down to the lateral aspect of the foot. Intense intermittent pain is aggravated at night and while walking. The leg stretching and raising test is positive. (The patient lies supine and is asked to extend his leg at the knee and slowly raise it to form a 30-40 degree angle with the surface of the bed. If pain occurs in the lumbar or leg region, the sign is positive.)

Treatment: Select points according to the distribution of the pain; give moderate stimulation. Moxibustion or cupping may be applied in primary sciatica.

Prescription: Zhibian (U.B. 54), Dachangshu (U.B. 25), Huantiao (G.B. 30), Yinmen (U.B. 37), Yanglingquan (G.B. 34), Xuanzhong (G.B. 39), Chengshan (U.B. 57), Huatuojiagi Point (L4-L5, Extra 21).

Treat once a day or every other day. Retain needle for 15-20 minutes.

(9) MULTIPLE NEURITIS

Multiple neuritis is also known as peripheral neuritis. It is a symmetrical sensory disturbance with flaccid paralysis. Symptoms at the distal region of the limb are more severe than at the proximal region, with gradual centripetal development. Onset is insidious, with numbness, distended feeling or tingling of the extremities. Later there is partial or complete sensory loss. As symptoms are more conspicuous distally, there may be a glove or sock-like distribution of the abnormal sensations. Signs of motor disturbance include inability of the fingers to grasp tightly, loss of muscular strength of the four extremities, muscular atrophy and flaccid paralysis. (There may be wrist-drop or ankle-drop.)

There may be hyperactivity of tendon reflex at the beginning, later this becomes hypoactive or absent.

This disease is generally due to infection or toxication as by diphtheria, or other acute or chronic infectious diseases, or toxication by heavy metals such as arsenic, lead and mercury, or by carbon monoxide, carbon disulphide, sulfonamide, furacillin or isoniazidum. Metabolic disturbances and malnutrition (chronic gastro-enteritis, beri-beri) may also be responsible.

Treatment: Local points and distal points according to the course of the channel. Puncture with mild stimulation. Moxibustion may also be applied.

Prescription: Baxie (Extra 28), Quchi (L.I. 11), Waiguan (S.J. 5), Bafeng (Extra 36), Zusanli (St. 36), Sanyinjiao (Sp. 6).

Treat once a day, retaining needle for 10-15 minutes. Medication may be given along with acupuncture.

(10) NEURASTHENIA

This is a functional disturbance of the central nervous system caused by temporary imbalance of higher centre activity induced by mental factors. It occurs mainly in young and middle-aged people. Symptoms vary, but the main ones are insomnia, headache, dizziness, lassitude, poor memory and anxiety.

Other accompanying symptoms are due to dysfunction of the autonomic nerves, such as palpitation, shortness of breath, flushing or pallor of the face, dizziness, tinnitus, etc. If the patient complains of the above symptoms, yet no organic pathologic changes are found upon physical examination, then neurasthenia can be diagnosed.

Treatment: Select points from the Heart and Pericardium Channels as the main points and combine with points according to symptoms. Puncture with moderate or mild stimulation. Tapping with the "plum-blossom" needle may also be used.

Prescription: Shenmen (H. 7), Neiguan (P. 6), Sanyinjiao (Sp. 6), Baihui (Du 20).

Remarks: Treat once daily, retaining needle for 15-30 minutes. If "plum-blossom" needling is applied, tap along both sides of the spinal column, especially along the cervical and the sacral regions.

(11) HYSTERIA, SCHIZOPHRENIA

Hysteria most often occurs in young women, attacks usually being induced by mental factors. The history is of repeated recurrence. Clinical manifestations are very complicated and variable, including sensory and motor disturbance such as paralysis, tremors and convulsions of the extremities, hypoaesthesia or sensory loss, "aphasia," "blindness" and "deafness." In some cases there may be emotional disturbance with manifestations of unmotivated crying or laughter, constant movement and restlessness. These symptoms do not correspond with the results of physical examination. Remission and recurrence of attacks are particularly susceptible to suggestion.

Schizophrenia occurs mainly in young and middle-aged people. The onset is insidious and the duration may be long. Clinically, there may be a syndrome of fantastic hallucination, the patient having all sorts of absurd ideas, hearing or seeing things which do not exist, and is often suspicious, thinking people are talking about him or want to harm him. Some patients are indifferent to stimulation by the outside environment, and incoherent in speech. Others may be in an excited state, with hypermotility and hyperphasia; however they are mentally clear, usually of normal intelligence and there are no positive signs upon physical examination.

Treatment: Points according to symptoms; amount of stimulation and manipulation method determined according to the pathological condition.

Prescription:

Hysteria: Shenmen (H. 7), Neiguan (P. 6), Sanyinjiao (Sp. 6).

Schizophrenia:

Maniac type: Renzhong (Du 26), Dazhui (Du 14), Daling (P. 7), Fenglong (St. 40).

Depressive type: Jianshi (P. 5), Zusanli (St. 36).

Points according to symptoms:

Hallucinations: Tinghui (G.B. 2), Waiguan (S.J. 5).

Fantastic vision: Jingming (U.B. 1), Xingjian (Liv. 2).

Aphasia: Yamen (Du 15), Lianquan (Ren 23).

Loss of vision: Qiuhou (Extra 4), Jingming (U.B. 1).

Remarks: During hysterical attacks, select 2-3 points at each treatment, give intermittent manipulating of the needle until symptoms are relieved. For the maniac type of schizophrenia, continuous manipulations should be applied until the patient calms down. Then, retain needle without manipulation. In the depressive type, treat once a day or every other day, with mild stimulation. When patient is mentally clear, talk to him patiently to effect an ideological change and win his co-operation in order to achieve more effective results.

H. UROGENITAL DISEASES

(1) ENURESIS

Enuresis is the inability to control urination during sleep, and occurs most often in children above 3 years old, and occasionally in adults. Causative factors of this disease include hypoplasia of cerebral centre controlling urination. There are also local factors such as cystitis, balanitis, phimosis or pin worms (oxyuriasis). These conditions may cause local irritation, leading to enuresis; in addition, congenital sacral spina bifida may also be a factor.

Treatment: Local points combined with distal points along the course of the channel. Moderate stimulation. Moxibustion can also be applied.

Prescription: (a) Guanyuan (Ren 4), Sanyinjiao (Sp. 6), Zusanli (St. 36). (b) Shenshu (U.B. 23), Ciliao (U.B. 32), Pangguangshu (U.B. 28).

Points according to symptoms:

Enuresis with dream: Shenmen (H. 7).

Treat once a day. The above two groups of points can be used alternately, retaining needle for 15-20 minutes.

(2) RETENTION OF URINE

Retention of urine should be differentiated from anuria. The former means the inability to urinate when the bladder contains urine, while the latter signifies that there is no urine secretion from the kidney, the bladder being empty.

Acute retention of urine may be caused by spinal anesthesia, or following childbirth. It may also occur in aged male patients with benign hypertrophy of prostate or in young or middle-aged patients with urethral stricture (sequela of gonorrhea or traumatic injury), or be caused by urethral stone. The patient may have intense desire to urinate but is unable to, and there is intolerable pain and distention of the bladder region. If obstruction is due to urethral stone, there may be bloody urine, and marked tenderness.

Chronic retention of urine is due mainly to various disturbances of function. The patient may be quiet and fairly comfortable though the bladder is distended.

Treatment: Local points combined with distal points according to the course of the channel. Strong stimulation.

Prescription: (a) Zhongji (Ren 3), Guanyuan (Ren 4), Sanyinjiao (Sp. 6). (b) Pangguangshu (U.B. 28), Ciliao (U.B. 32), Yinlingquan (Sp. 9).

Remarks:

a. Usually apply points in group (a). When needling Guanyuan (Ren 4) and Zhongji (Ren 3) sensation may be transmitted to the urethral orifice. Continuously manipulate needle for 3-5 minutes on Sanyinjiao (Sp. 6). If results are unsatisfactory, stimulate points in group (b).

b. If there are no results either with acupuncture or Western and Chinese traditional medicinal treatment, and it is impossible to insert a catheter, then it is advisable to perform suprapubic puncture or cystostomy.

(3) SPERMATORRHEA AND IMPOTENCE

Both diseases are disturbances of the male sex function, the onset of both being mainly due to mental factors. The doctor should learn the cause and treat the patient accordingly, meanwhile explain to him so as to relieve him of worry.

Treatment: Local points and distal points according to the course of the channel. Mild stimulation. Moxibustion and electro-needle may also be applied.

Prescription: (a) Guanyuan (Ren 4), Taixi (K. 3), Zusanli (St. 36). (b) Shenshu (U.B. 23), Zhishi (U.B. 52), Sanyinjiao (Sp. 6).

These two groups of points can be used alternately; treat every other day. Retain needle for 15-30 minutes.

(4) INFECTIONS OF THE URINARY TRACT

Infections of the urinary tract include pyelonephritis, cystitis, urethritis, etc.

Pyelonephritis is most often seen in women, clinical features in the acute phase being chills and fever, and back pain followed by frequency of urination. If the latter is the presenting symptom, there is most likely ascending infection of the urinary bladder, urethra or the pelvic organs, in which case unilateral back pain is the rule. If frequency of urination appears late, there is pyelonephritis usually due to bacteremia. Examination: tenderness and percussion pain over the kidney area. Main symptoms of the chronic phase are recurring low grade fever or moderate fever, lumbar pain, painful micturition, etc. In late cases, there may be edema, hypertension or renal failure.

Cystitis is also common in women, especially in the newly married, during menstruation or in the course of pregnancy. In acute cases there is frequency, urgency and painful urination, occasionally hematuria, usually without fever. In chronic cases the symptoms are mild, sometimes with the appearance of large amounts of pus and mucous filaments in the urine.

In urethritis, there may be pruritus and pain of the urethra, the pain being aggravated by urination.

Treatment: Local points combined with distal points according to the course of the channel. Amount of stimulation and manipulation method should be determined according to pathological condition.

Prescription: Zhongji (Ren 3), Yinlingquan (Sp. 9), Ciliao (U.B. 32), Ququan (Liv. 8).

Points according to symptoms:

Hematuria: Panguangshu (U.B. 28), Xuehai (Sp. 10).

Fever: Dazhui (Du 14), Waiguan (S.J. 5).

Lumbar pain: Shenshu (U.B. 23), Taixi (K. 3).

Remarks: These two groups of points can be used alternately. In the acute stage treat once or twice a day; retain needle 15-20 minutes. If there is severe lumbar pain, local cupping may be applied.

CHAPTER V

OTHER THERAPEUTIC METHODS

In this chapter we shall introduce a few other therapeutic methods which have been developed on the base of acupuncture, some after the founding of the People's Republic of China, and especially since the Great Proletarian Cultural Revolution, by the broad masses of medical workers through the method of combining traditional and modern medicine.

A. AURICULOTHERAPY

Auriculotherapy is to treat disease by puncturing certain areas of the auricle. It is a traditional method of treatment and a component part of acupuncture. The relationship between the ear, internal organs and channels was recorded more than 2,000 years ago in *Huangdi Nei Jing* (*Canon of Medicine*). The chapter "Kou Wen Pien" in *Ling Shu* says, "The ear is the place where all the channels meet." Treating disease with ear-needling is noted down through the ages. Since 1956 the method has been used throughout China, and the number of points used has increased to more than 200 through repeated experiments and clinical practice. We introduce 73 frequently used points.

(1) THE DISTRIBUTION OF THE AURICULAR POINTS AND THE AURICULAR AREAS

When there is pathological change in the internal organs or other parts of the body, certain manifestations may appear in various portions of the auricle such as tenderness, increased reaction to conduction of electric current, morphological change or discoloration, etc. These locations

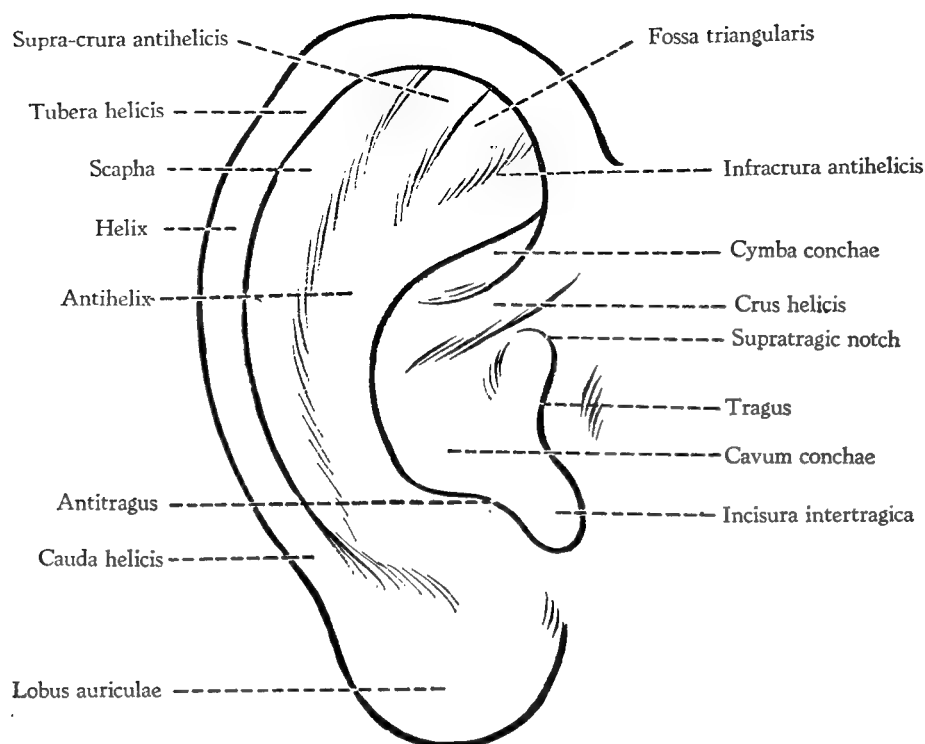


Fig. 125. The Anatomy of the Auricle

with the above manifestations are called “auricular points” or “reaction points” and serve as stimulation points for auriculotherapy.

1. The Distribution of the Auricular Points:

The auricular points are distributed on the ear in a definite manner. Generally speaking, the ear simulates a fetus within the womb, in an up-side-down position, with the neck region downward and the gluteal region upward, such as shown in Fig. 126.

The auricular points are distributed as follows:

- a. The lobe of the ear corresponds to the facial region and includes Pts. Upper and Lower Jaws, the Hard and Soft Palates, Eyes, Inner Ear, Tonsils and Tongue. (See Fig. 127a.)
- b. The antitragus corresponds to the head region and includes Pts. Subcortex, Occiput, Forehead, Pt. Dingchuan (Soothing Asthma) and Parotid.
- c. The helix crus corresponds to the diaphragm.

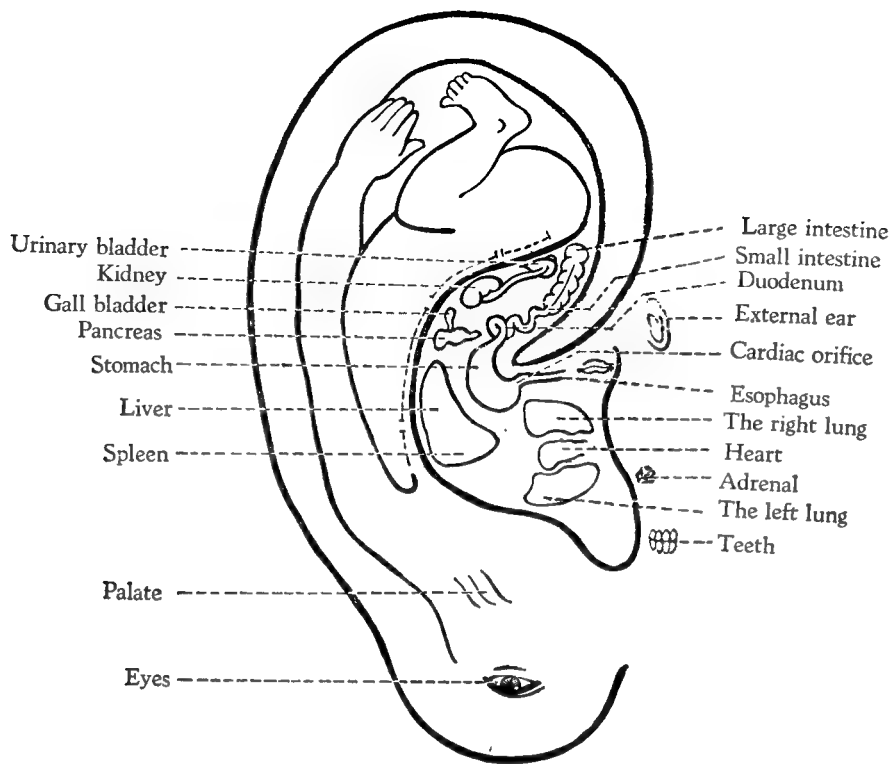


Fig. 126

d. The antihelix corresponds to the spinal column and includes Pts. Cervical, Thoracic, Lumbar and Sacral Vertebrae. The medial aspect includes Pts. Neck, Chest and Abdomen, etc.

e. The supra-antihelix crus corresponds to the lower extremities and includes Pts. Toes, Heel, Ankle and Knee.

f. The infra-antihelix crus corresponds to the gluteal region and includes Pts. Sciatic Nerve, Buttocks, Sympathetic Nerves, etc.

g. The deltoid fossa corresponds to the genital organs and includes Pts. Uterus, Ear-Shenmen, and Hip Joint.

h. The scapha corresponds to the upper extremities, including Pts. Clavicle, Shoulder Joint, Arm, Elbow, Wrist, Fingers, etc.

i. The tragus corresponds to Pts. Inner Nose, Throat, Tragic Apex, Adrenal Gland, etc.

j. The supratragic notch corresponds to Pt. External Ear.

k. The intertragic notch corresponds to Pts. Endocrine, Ovary, etc.

l. The cyma conchae corresponds to the abdominal region including Pts. Urinary Bladder, Kidney, Pancreas, Gall Bladder, Liver, Spleen, etc.

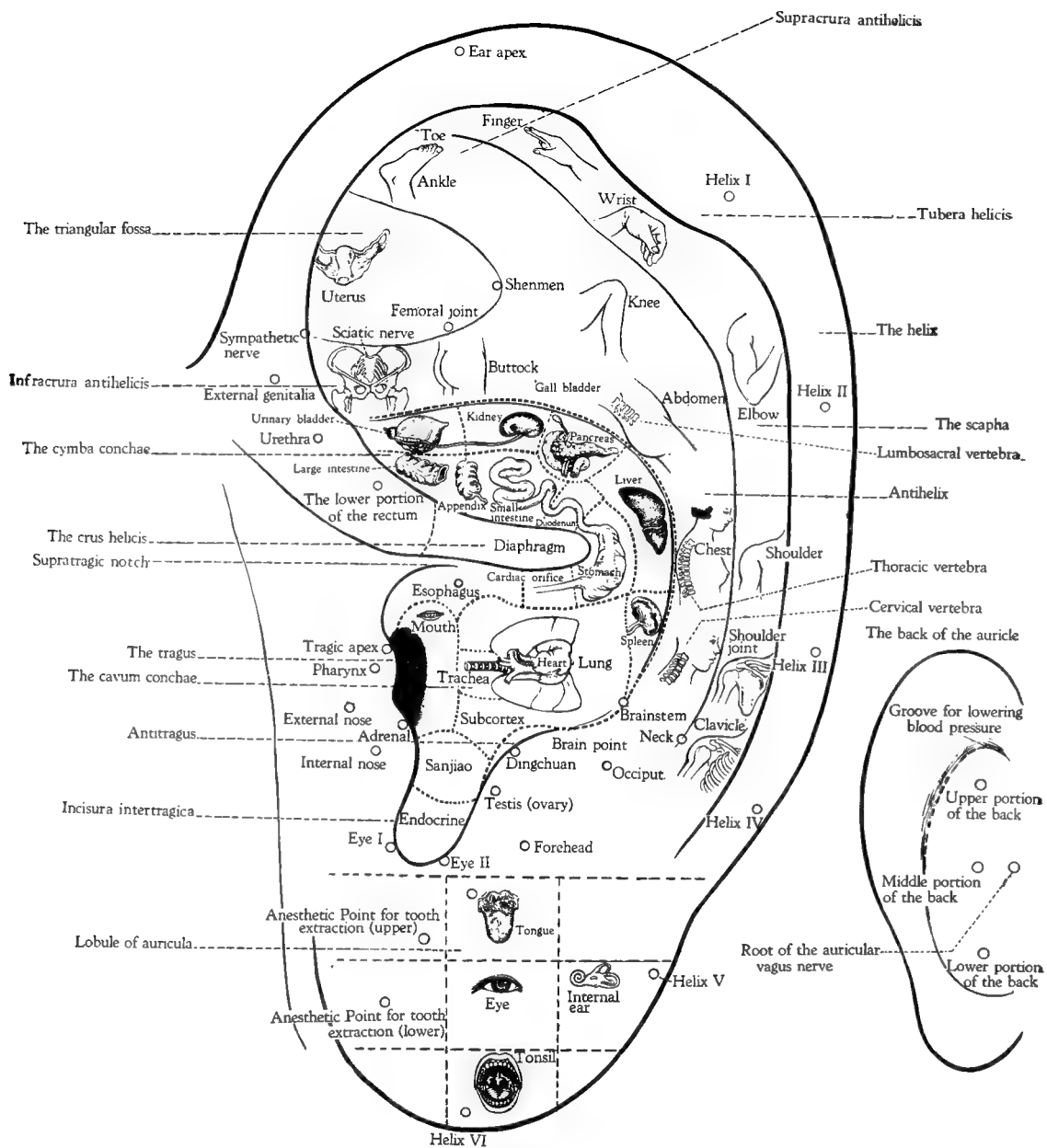


Fig. 127a. The Corresponding Regional Anatomy of the Auricular Points

m. The cavum conchae corresponds to the chest region which includes Pts. Heart, Lungs, and Sanjiao (the three portions of the body cavity).

n. Region around the helix crus corresponds to the digestive tract including Pts. Mouth, Esophagus, Cardiac Orifice, Stomach, Duodenum, Small Intestine, Appendix and Large Intestine.

o. The back of the ear corresponds to the back region, including Pts. Upper and Lower Back and Groove for Lowering Blood Pressure.

2. Location of the Auricular Points:

The regional anatomy of the auricular points is illustrated in Fig. 127a. There are different views concerning the localization of the auricular points as the shapes and sizes of ears vary among individuals. The following table may serve as reference for localizing points.

The Corresponding Regional Anatomy of the Auricular Points

Auricular Areas	Name of Points	Regional Anatomy
The Helix Crus	Diaphragm	On the crus of the helix
The Helix	Lower portion of rectum	On the end of the helix below Pt. Large Intestine
	Urethra	On the helix, at level of Pt. Urinary Bladder
	External genitalia	On the helix, at level of lower corner of antihelix
	Ear apex	Fold auricle towards tragus; the point is at tip of auricle
	Helix I, II, III, IV, V, VI	Divide into 6 divisions the helix from the lower border of helix notch to lower border of mid portion of ear lobe
The Antihelix	Toe	On the lateral corner of the supra-antihelix crus
	Ankle	Slightly below medial corner of supra-antihelix
	Knee	At antihelix, at level of upper border of infra-antihelix crus

Auricular Areas	Name of Points	Regional Anatomy
The Antihelix	Sciatic nerve	On midpoint of medial aspect of infra-antihelix crus
	Buttocks	On midpoint of lateral aspect of infra-antihelix crus
	Abdomen	At antihelix, level with inferior border of infra-antihelix crus
	Chest	At antihelix, level with supratragic notch
	Neck	At junction of antihelix and antitragus
	Lumbo-sacral, thoracic, and cervical vertebrae	Draw two horizontal lines respectively from Pt. Lower Portion of Rectum and Pt. Shoulder Joint; divide curved line of medial border of antihelix within distance of these two horizontal lines (this curved line corresponding to the vertebral column) into 3 equal parts. From above downward: first part includes the lumbo-sacral vertebrae, the second the thoracic vertebrae and the third the cervical vertebrae
The Scapha	Finger	In the scapha, at the upper border of the auricular tuberculum
	Wrist	In the scapha, level with the auricular tuberculum
	Shoulder	In the scapha, level with the supratragic notch
	Elbow	Between Pt. Wrist and Pt. Shoulder
	Clavicle	In the scapha, level with Pt. Neck
	Shoulder joint	Between Pt. Shoulder Joint and Pt. Clavicle
The Deltoid Fossa	Ear-Shenmen	In the inferior corner of the bifurcating point of antihelix
	Uterus	In the middle of border of deltoid fossa of helix

Auricular Areas	Name of Points	Regional Anatomy
The Deltoid Fossa	Sympathetic nerve	In deltoid fossa at junction of infra-antihelix crus and medial border of helix
	Femoral joint	In lateral third of lower border of deltoid fossa
The Cymba Conchae	Urinary bladder	At the lower border of infra-antihelix crus, superior to Pt. Large Intestine
	Kidney	At lower border of infra-antihelix crus, superior to Pt. Small Intestine
	Pancreas, gall bladder	Between Pt. Liver and Pt. Kidney (Pancreas is at left and gall bladder at right)
	Liver	Posterior to Pt. Stomach and Pt. Duodenum
	Spleen	In lower portion of Pt. Liver
	Large intestine	In medial third of superior aspect of helix crus
	Small intestine	In middle third of superior aspect of helix crus
	Appendix	Between Pt. Large Intestine and Pt. Small Intestine
	Duodenum	In lateral third of superior aspect of helix crus
	Esophagus	At the medial two-thirds of the inferior aspect of the helix crus
The Cavum Conchae	Cardiac orifice	At the lateral third of the inferior aspect of the helix crus
	Stomach	In the area where the helix crus terminates
	Mouth	Near posterior wall of opening of external auditory meatus
	Heart	In centre of dimple of cavum conchae
	Lung	In area surrounding Pt. Heart
	Trachea	Between Pt. Mouth and Pt. Heart

Auricular Areas	Name of Points	Regional Anatomy
The Cavum Conchae	Endocrine	In cavum conchae fundus inferior to tragic notch
	Sanjiao	In centre of triangle formed by Pts. Mouth, Heart and Endocrine
The Tragus	External nose	In centre of lateral aspect of tragus
	Pharynx	In medial and superior aspect of tragus, just opposite opening of external auditory meatus
	Internal nose	In medial and inferior aspect of tragus below Pt. Pharynx
	Tragic apex	At lateral border of upper part of tragus
	Adrenal	At lateral border of lower part of tragus
The Antitragus	Brain stem	At junction between antitragus and antihelix
	Brain point	At external surface of antitragus, at the mid-point of Pt. Dingchuan and Pt. Brain Stem
	Dingchuan (Soothing Asthma)	At apex of antitragus
	Subcortex	In interior wall of antitragus
	Testis (Ovary)	A part of Pt. Subcortex at lower aspect of interior wall of antitragus
	Occiput	Posterior and superior to lateral aspect of antitragus
	Forehead	Anterior and inferior to lateral side of antitragus
The Ear Lobe	Eye I, Eye II	At both sides of tragic notch, the anterior being Eye I, the posterior being Eye II
	Anesthetic Point for tooth extraction (upper)	In lateral and inferior corner of 1st area of the ear lobe

Auricular Areas	Name of Points	Regional Anatomy
The Ear Lobe	Anesthetic Point for tooth extraction (lower)	At centre of 4th area of the ear lobe
	Eye	At centre of 5th area of the ear lobe
	Internal ear	At centre of 6th area of the ear lobe
	Tonsil	At centre of 8th area of the ear lobe
The Back of the Auricle	Groove for lowering blood pressure	At back of ear in groove starting from superior and medial aspect traversing to inferior and lateral aspect of back of ear
	Upper portion of back of auricle	At upper portion of back of auricle on protuberance of cartilage
	Middle portion of back of auricle	Between upper portion and lower portion of back of ear
	Lower portion of back of auricle	On protuberance of cartilage at lower aspect of ear
	Root of auricle	At junction of back of auricle and midpoint of mastoid, level with helix crus

(2) How TO SELECT POINTS in AURICULOTHERAPY

1. Selection of Auricular Points:

a. Directly select points of the corresponding areas, e.g., select Pt. Stomach for gastralgia, and Pt. Sympathetic Nerve for functional disturbance of the internal organs and vascular circulation.

b. Select points according to the theory of Chinese traditional medicine in differentiating diseases. Besides selecting Pt. Eye in eye diseases, for example, Pt. Liver can also be chosen, because in Chinese traditional medicine the liver is related to the eye. In common cold and skin diseases, Pt. Lung can be selected, for in Chinese traditional medicine the lung is related to the skin and pores.

c. Select the corresponding points according to the physiological and pathological relations based upon modern medical science. For example in menorrhagia, Pts. Subcortex and Endocrine can be chosen besides Pt. Uterus.

d. Select points according to clinical experience, such as Pt. Groove for Lowering Blood Pressure for hypertension, Pt. Dingchuan for asthma, Pt. Appendix for appendicitis. Pt. Ear-Shenmen is effective in diseases of the nervous system; however, it is also applicable to diseases of other systems. Pt. Sympathetic Nerve and Pt. Endocrine are also broadly used clinically.

2. Reference for Selecting Auricular Points in Diseases of Various Systems:

a. *The digestive system:* Pts. Stomach, Large Intestine, Small Intestine, Pancreas, Gall Bladder, Spleen, Liver, Sympathetic Nerve, Abdomen, Endocrine, Ear-Shenmen.

b. *The respiratory system:* Pts. Dingchuan, Trachea, Lung, Chest, Occiput, Ear-Shenmen, Sympathetic Nerve, Endocrine.

c. *The circulatory system:* Pts. Heart, Lung, Adrenal, Ear-Shenmen, Sympathetic Nerve, Endocrine.

d. *The urogenital system:* Pts. Kidney, Urinary Bladder, Adrenal, Occiput, Ear-Shenmen, Sympathetic Nerve, Endocrine.

e. *Nervous and mental diseases:* Pts. Subcortex, Occiput, Forehead, Heart, Stomach, Kidney and Ear-Shenmen.

f. *Gynecological and obstetric diseases:* Pts. Ovary, Endocrine, Kidney, Uterus and Sympathetic Nerve.

g. *Diseases of the sense organs:*

Ear: Pts. Auricular Canal, Occiput, Adrenal, Kidney, Ear-Shenmen.

Nose: Pts. Inner Nose, Adrenal, External Nose.

Throat: Pts. Throat, Endocrine, Tragic Apex, Kidney, Heart, Adrenal and Ear-Shenmen.

Eye diseases: Pts. Eye I, Eye II, and Liver.

h. *Antiphlogistic and analgesic:* Points of the corresponding areas, Pts. Ear-Shenmen, Adrenal, Occiput, Subcortex.

i. *Skin diseases:* Points of the corresponding areas, Pts. Endocrine, Lung, Adrenal, Ear-Shenmen.

(3) PROBING OF THE AURICULAR POINTS

For effective treatment, it is necessary, after points are determined, to locate the point of most sensitive reaction within the selected area. Methods for probing are as follows:

1. Point Tenderness Method:

Locate the most sensitive spot for puncture by pressing around the selected auricular area with a probe or the head of a pin until a point is reached where the patient feels the most acute pain. This is considered to be the reaction point for therapy. The doctor should make sure that the pressure applied each time in probing, and the duration, are the same, and that the patient compares carefully the degree of pain sensation with each point probed.

2. Electro-Exploratory Method:

This method determines the points of maximum conduction of electric current by using the "electro-explorer for acupuncture points." The procedure is to let the patient hold the hand electrode while the examiner takes the probe electrode and explores the selected area on the ear. The point is determined where the indicator of the ammeter of the explorer reaches maximum.

3. Direct Inspection Method:

Occasionally patients may have morphological or colour changes on the auricle or reaction points of the ear, such as excoriation, small black or red dots, vesicles, etc., and these may be referred to as puncturing points.

(4) PUNCTURING METHOD

a. When the point to be punctured is determined, apply local sterilization, then insert the filiform needle at the point either perpendicularly or at a slant. While doing so, care must be taken not to penetrate through the ear. The patient should feel local distention and pain. If there is no reaction, lift and move the needle, tilting it in various directions until the most painful point is found. Generally, when there is marked reaction of distention or soreness the therapeutic result is much more satisfactory.

b. In most cases, the needle should be retained for 20-30 minutes, with intermittent manipulation several times during this interval, or continuous manipulation. The amount of stimulation can be increased by using the electro-needle. In some cases, implanting the needle for one to seven days is also advisable.

c. Treat once daily or once every other day. 5-10 treatments may be considered as one course.

(5) REMARKS

a. The accuracy of locating the sensitive reaction point bears closely on the therapeutic effect. In case the reaction point cannot be traced, try the corresponding area of the other ear, massaging it first with the fingers; if no marked tenderness is felt after repeated exploration, then puncture corresponding affected areas.

b. Select few but precise points, and select points on the affected side. However, if the sensitive point is more conspicuous on the healthy side, then puncture the healthy side, or both sides, alternately or simultaneously.

c. While the needle is retained in treating patients suffering from painful joints or extremities or other functional disturbances, ask them to exercise their diseased limbs in order to hasten the therapeutic effect.

B. THERAPY OF POINT INJECTION

Point-injection therapy, a therapeutic method of combining Chinese traditional and Western medicine, was developed on the basis of acupuncture. It was found that the body's resistance to diseases could be enhanced, leading to cure, by injecting certain kinds of drugs into the points or spots of positive reaction. Through the injection, a definite needling sensation may be produced due to physical and chemical stimulation provided by acupuncture and medication.

(1) DIAGNOSIS BY PALPATION OF POINTS

Diagnosis by palpation of the points means employing the sense of touch in the fingers to examine the anomalies, the manifestations of positive reaction of the points serving as a basis for diagnosis and treatment.

When palpating, ask the patient to assume a comfortable and natural position, allow the muscles to relax, then palpate along the channels and points carefully with the thumb or index finger sliding, pressing or massaging to determine if there are any abnormal changes (manifestations of positive reaction) on the skin, or in subcutaneous or deeper layers. There may be cords or nodes of different sizes and shapes — round, spindle or flat, and they may be hard or soft. Sensitive, tender spots may also be palpated, as well as tubercles or depressions. Tension or flabbiness, discoloration of the skin may at the same time be observed.

Regions for palpation include the Huatuojiagi Point (Extra 21), the Back-Shu Points and the Mu-Front Points, the points of the four extremities which are related to the disease, and Ah Shi Points (tender points).

(2) METHODS OF TREATMENT

1. Selection of Points:

a. Based on palpation of the points, choose those which give marked reaction as the main ones for treatment. Locate the points accurately, grasping the principal contradiction, and it is not advisable to treat too many points at one time. If the reaction is indifferent, then select points of the corresponding channel.

b. Select points according to the general rule, but points of the hands and feet and areas where the muscle layer is thin should be used as little as possible.

2. Manipulation:

Before treatment, explain to the patient the particular features of this treatment and the normal reactions which may follow, such as soreness, distention, heaviness and lassitude. A small number of patients may even have fever.

Apply routine sterilization at the point, choose an appropriate syringe, insert the needle precisely to the required depth or to where a definite needle sensation is felt, then draw back the plunger and inject the drug if no blood appears.

The manipulation varies according to the treatment of different diseases. In most diseases the drug is injected at medium speed. In asthenic patients with chronic diseases the injection should be slower and the concentration of the drug low, while in robust patients the concentration can be higher and the injection faster.

3. Selection of Drugs:

The drugs used should be easily absorbed, have no side effects, and have certain stimulating properties in order to prolong the acupuncture effect. The pharmacological effect of the drug may also be considered.

The most frequently used drugs are:

a. Placental tissue extract. This is indicated in common diseases, mainly in chronic hepatitis, nephritis, gastric ulcer, allergic diseases, neurasthenia and gynecological diseases.

b. Vit. B1, B12 and vit. C injections are indicated in chronic diseases and in asthenic and senile patients. Needling sensation produced by vit.

B12 is not as strong as with vit. B1. Vit. C is indicated in diseases with hemorrhagic tendency and in cardio-vascular diseases.

c. Drugs such as magnesium sulfate, penicillin, and streptomycin may be used as indicated by the disease.

d. Chinese traditional drugs in injectable form, such as *flos cartami* and *radix angelicae*, may also be used.

e. *Aqua pro injectione* can also be used, as there is no side effect. On the contrary, it may induce physical stimulation which helps in treatment as it produces a certain acupuncture sensation. Since this is of short duration, injection of the liquid should be rapid. Mixing with drugs may be considered.

(3) REMARKS

a. Attention must be paid when combining drugs to note any contraindications, allergic reactions or side effects. Allergic tests must be done before using drugs with allergic properties. Injection can be done only if the test is negative.

b. The amount and concentration of drugs must be taken into consideration. They should be determined according to the disease condition and the location injected. Generally, in the head region, the amount should be less, the concentration low, the stimulation mild, and injection of the drug slow; while in the trunk region the concentration may be higher, the stimulation stronger, the amount larger and the injection faster. For points of the extremities drugs of low concentration which are mild in stimulation should be used. It is advisable to combine with acupuncture treatment.

c. Generally, it is not advisable to inject into cavities of joints. Attention must be paid to avoid injecting blood vessels.

d. In order to avoid infection, local sterilization is very important. Use less points in aged and asthenic patients, and for those receiving injection for the first time the dosage of drug should not be too large.

e. When injecting points on the back, make sure that the needle does not penetrate into the internal organs.

Precautions must be taken to avoid patients fainting during injection, the needle breaking, or other accidents.

f. Give treatment once every day or every other day. 7-10 treatments are considered as one course. Interval between each course may be 4-7 days.

C. THERAPY OF STRONG STIMULATION ON POINTS

— *Treatment of Sequelae of Poliomyelitis*

(1) PRELIMINARY ACKNOWLEDGEMENT

The fact that treating sequelae of poliomyelitis (infantile paralysis) with "strong stimulation" therapy resuscitates to varying degrees activity of limbs which have been paralysed for many years gives us new views on this disease. Generally, sequelae of poliomyelitis of more than two years' duration was difficult to cure as most cases are due to the necrosis of the cells of the anterior horn of the spinal cord. But our clinical practice shows that not all the nerve cells of the anterior horn are damaged by the virus infection. Some of the cells may be highly depressed and are in a dormant state, losing their relative balance between excitability and depression. In order to resuscitate the cells, that is to restore them to activity, we give strong stimulation to the nerves beneath the points of the diseased limbs. Marked improvement has resulted in many patients suffering from long-standing motor impairment of their extremities.

However, this is only a preliminary view and still awaits further investigation.

(2) INDICATIONS

- a. Mild, moderate type of sequelae of poliomyelitis without marked skeletal deformities.
- b. Partial myoparalysis after meningitis, which is lessening gradually.
- c. Acupuncture treatments may create conditions for plastic surgery in those with fixed deformities of joints and marked myo-atrophy of sequelae of poliomyelitis.

(3) STIMULATION TECHNIQUE

a. Place the patient in proper position (usually lying on side), apply surgical routine preparation and local subcutaneous or intracutaneous anesthesia. Too deep or nerve trunk anesthesia is not required. Then make longitudinal incisions 1.5-2.0 mm. long at the selected points according to their order of arrangement. When the subcutaneous tissue is separated and the "tingling points" are detected, massage the peripheral nerves gently with forceps.

b. Then apply "strong stimulation" according to the order of the points and the distribution of the nerves.

Following are the stimulation methods of some important points and the way the forceps enter the points:

Jianzhen (S.I. 9): Introduce forceps at the distal end of the incision and apply blunt separation between the long head and the lateral head of the triceps brachial muscle to the medial aspect of the humerus, then vibrate the radial, ulnar and median nerves at a site two-thirds up the upper arm. Raising the forceps slightly and anteriorly, at an angle of 5° - 10° , continue to give supplementary vibration to the radial, ulnar and median nerves. Vibration of the circumflex nerve through blunt separation of the medial aspect of the deltoid muscle to the surgical neck of the humerus may be applied for patients who have difficulty in raising their shoulders (see Fig. 128).

Quchi (L.I. 11): Insert the forceps into the incision and tilt upward, separating the brachio-radial muscle and the biceps brachial muscle, vibrat-

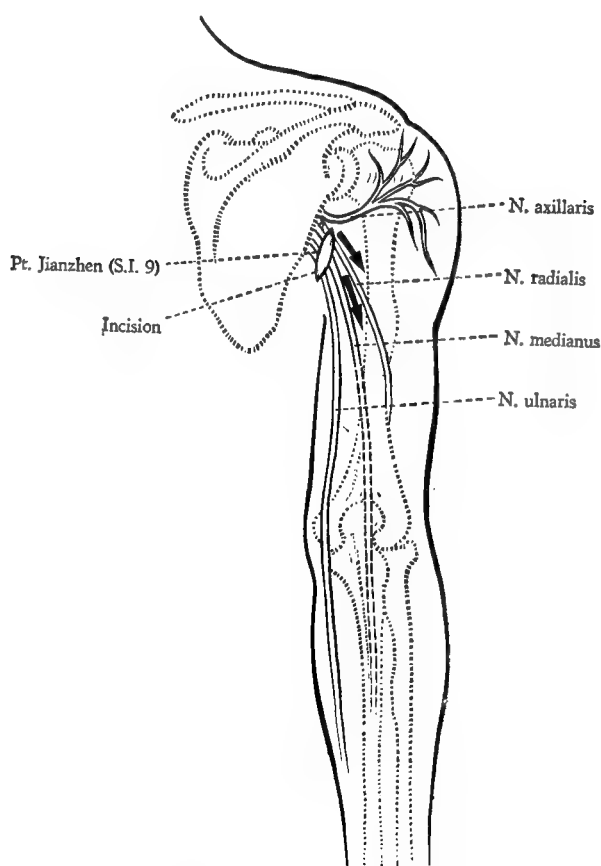


Fig. 128. Incision on Pt. Jianzhen (S.I. 9)

ing the radial nerve. If necessary direct the forceps towards the midpoint of the cubital fossa along the medial border of the brachio-radial muscle and produce supplementary vibration to the median nerve (see Fig. 129).

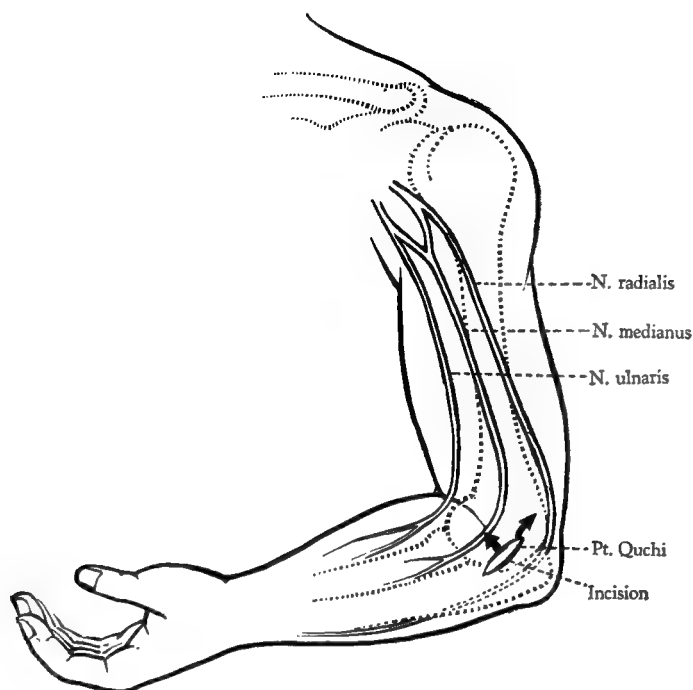


Fig. 129. Incision on Pt. Quchi (L.I. 11)

Hegu (L.I. 4): Stimulate the branches of the radial nerve subcutaneously in all directions. For patients who are unable to flex their fingers or to make a fist, apply vibration to the median nerve and the branch of the ulnar nerve subcutaneously from the palmar surface towards Laogong (P. 8) (see Fig. 130).

Huantiao (G.B. 30): Let the patient lie on side and ask him to flex his hip and knee joints. Make an incision about 2-3 cm. long, 2 cm. superior to the trochanter parallel to the axis of the thigh. Separate the m. gluteus maximus and m. gluteus medius, inserting the forceps from the deep surface of the m. gluteus medius and insert about 2-3 cm. deep posteriorly towards the anterior and inferior aspect of the iliac spine. Then vibrate the superior branch of the superior gluteal nerve. Turning the forceps towards the posterior and superior aspect of the iliac spine, insert

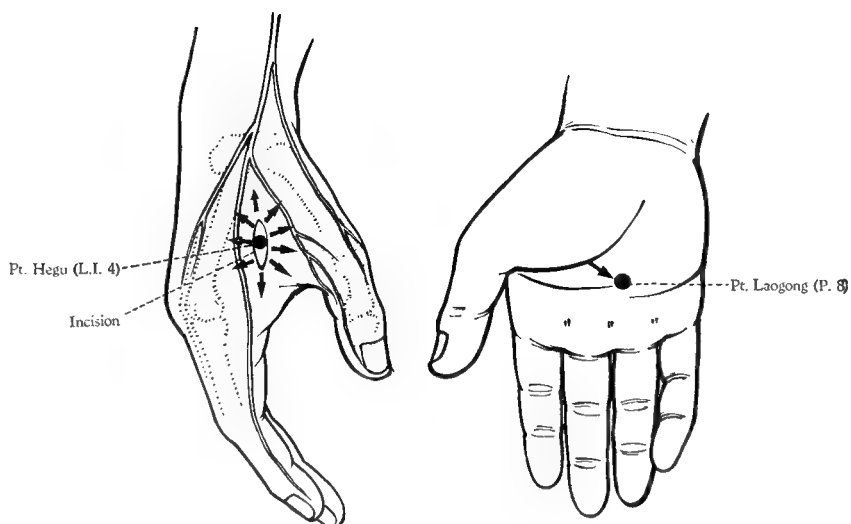


Fig. 130. Penetrate Pt. Hegu Towards Pt. Laogong

the forceps 3-4 cm. deep and vibrate the inferior branch of the superior gluteal nerve. Turn the forceps again towards the midpoint between the major trochanter and the sciatic tubercle, vibrate the n. gluteus inferior and n. cutaneus femoris posterior and strike at the sciatic nerve to give stimulation.

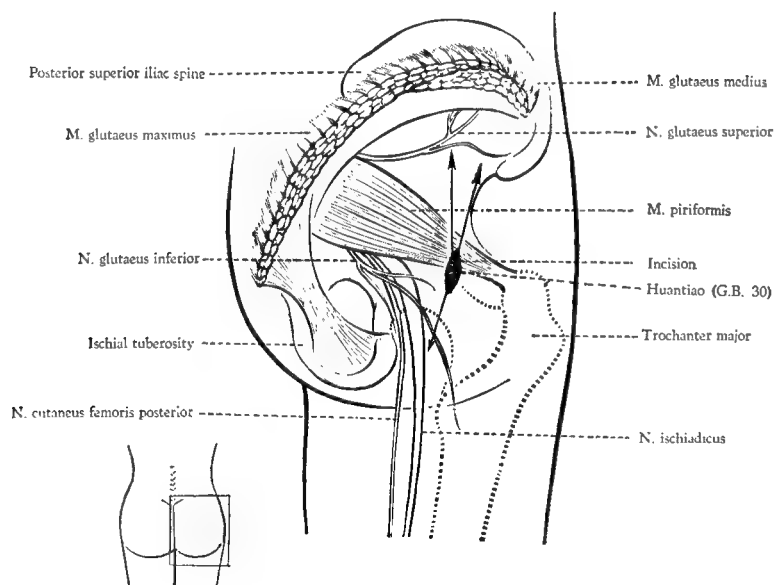


Fig. 131. Incision on Pt. Huantiao (G.B. 30)

Yanglingquan (G.B. 34): Insert the forceps between the m. peroneus longus and extensor digitorum longus; direct the forceps anteriorly and medially to vibrate the n. peroneus profundus, then change the direction of the forceps to the posterior and lateral aspect to vibrate the n. peroneus superficialis. Then introduce the forceps from the posterior and superior of the small head of the fibula to vibrate the n. peroneus communis subcutaneously, or direct the forceps towards the popliteal fossa to vibrate the n. tibialis subcutaneously (see Fig. 132).

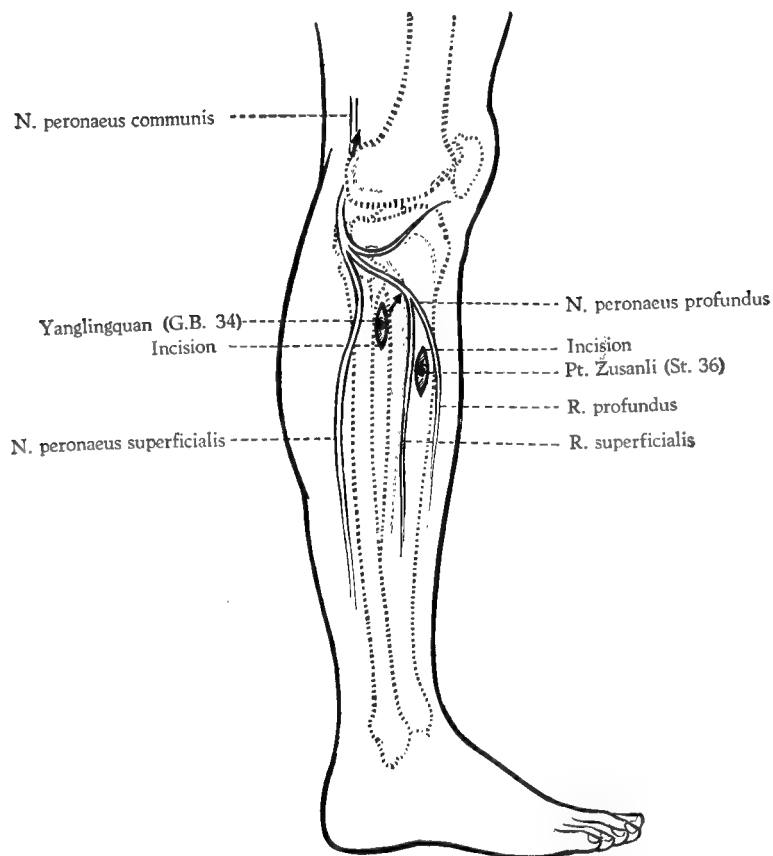


Fig. 132. Incisions of Pts. Yanglingquan (G.B. 34) and Zusanli (St. 36)

Zusanli (St. 36): Insert the forceps between the m. tibialis anterior and m. extensor digitorum longus, vibrate the rami profundus of n. peroneus profundus medially towards the lateral border of the tibia, then vibrate the rami superficialis of the n. peroneus profundus.

c. For "strong stimulation," one may imbed catgut intramuscularly and suture if necessary.

(4) REMARKS

a. When stimulating (vibrating) the nerves use the blunt vascular forceps and vibrate them rhythmically, with small amplitude but high frequency. Vibrate for about 1 minute, then rest for some time; repeat 3-5 times until the patient experiences a distended, tingling or burning sensation.

Manipulation should be very gentle in order to avoid damaging the nerves and blood vessels, and causing shock. (In case shock occurs, stop manipulating at once and apply anti-shock measures.)

b. During treatment, the patient may have the following sensations:

Soreness and distention: A local sensation during massage of the point.

Tingling: When stimulating the nerve trunk, the sensation occurs in the extremities.

Heat: This sensation is felt in the supplying area during protracted stimulation of the nerve trunk.

Burning: This sensation, similar to that of scalding by hot water, occurs in the area supplied by the nerves when repeated stimulation on the nerve trunk is applied.

The above four kinds of sensation are the reactions to the amount of stimulation applied; i.e., from weak to forceful or from mild to strong. However, not every patient has such reactions.

c. The order of points for stimulation should be like "chasing"; i.e., from the proximal points to the distal points so that the nerve trunk may be stimulated from the proximal area to the distal area.

The order of the points of the lower extremities for stimulation should be arranged as follows: Huantiao (G.B. 30), Yanglingquan (G.B. 34) or Zusanli (St. 36).

The order of the points of the upper extremities: Jianzhen (S.I. 9), Quchi (L.I. 11), Hegu (L.I. 4).

Such order of arrangement may activate the main nerve of the extremity and produce high excitability.

d. Treatments should be combined with active exercises (voluntary or involuntary). It is also advisable to combine with treatment by massage, physiatrics, acupuncture and injection of vits. B1 and B12 to promote the recovery of the function of the nerves.

D. THREAD IMBEDDING THERAPY

Thread imbedding therapy is a therapeutic method created during the Great Proletarian Cultural Revolution by integrating Chinese traditional and Western medicine. The method is to imbed a piece of catgut in a selected point to produce protracted stimulation. It is effective in sequelae of poliomyelitis, gastric and duodenal ulcer, pain in the lumbar region and legs, bronchial asthma, and in other chronic diseases.

(1) SELECTION OF POINTS

a. *For gastric and duodenal ulcer:* Zhongwan (Ren 12) joins* Shangwan (Ren 13), Weishu (U.B. 21) joins Pishu (U.B. 20).

b. *For bronchial asthma:* Shanzhong (Ren 17), Dingchuan (Extra 17) and the corresponding Huatuoji Point (Extra 21).

c. *For lumbar and leg pain:*

(a) Strain or lesion of the lumbo-sacral region: Yaoyangguan (Du 3), Dachangshu (U.B. 25) joins Guanyuanshu (U.B. 26) of the affected aspect. The interspace of the spinous process of S2-S3 can also be punctured.

(b) Lumbar muscle strain: Yaoyangguan (Du 3), Shenshu (U.B. 23), Ah Shi Points.

(c) Sacro-iliac region strain: Yaoyangguan (Du 3), Dachangshu (U.B. 25) joins Guanyuanshu (U.B. 26) of the affected aspect, Chengfu (U.B. 36), and the interspace between S2 and S3.

(2) MANIPULATION

a. After the point is selected, mark the spot for entrance and exit of the needle with gentian violet in order to guarantee accuracy.

b. After local routine sterilization, inject 0.5% procaine into the entrance and exit sites to form an intradermal wheal 1.5-2 cm. in diameter.

c. Make an incision at the "entrance" with the point of a scalpel, then puncture with a medium-size curved needle threaded with catgut (for abdominal region, a straight needle can be used), carry it subcutaneously, and out through the "exit." One end of the catgut is pulled under the skin (the left hand may pinch up the skin while the needle is inserted), then the other end is cut close to the "exit" making sure that the cut end is

* To join means to puncture two points in one subcutaneous penetration.

not exposed above the skin, as it would be easily infected. After operation, dress with sterile gauze.

d. Determining the "entrance" and the "exit": Select points which are close to one another, such as Zhongwan (Ren 12) and Shangwan (Ren 13); the former may serve as the "entrance" and the latter as the "exit." A single point may be selected such as Shanzhong: the entrance should be 1 cm. superior to the point and the exit 1 cm. inferior to the point. In the lumbo-dorsal region the needle may enter 1 cm. lateral to the point and pass through 1 cm. beyond that point. The direction of the imbedded catgut should form a right angle or a cross with the course of the channel.

e. In the abdominal region, size 00 to size 1 catgut may be used, while in Pts. Shanzhong and Dingchuan sizes 1 to 2 are most often used.

Note: Recently some medical units have used a lumbar puncture needle, threading about 1 cm. of thick catgut into the needle and introducing it into the point. This method is simple; the catgut can be imbedded deeply, and the method is applicable to all diseases in which imbedding therapy is indicated.

E. A BRIEF INTRODUCTION TO ACUPUNCTURE ANESTHESIA

(1) THE HISTORY OF ACUPUNCTURE ANESTHESIA

Acupuncture anesthesia, based on acupuncture therapy, which has been used for more than 2,000 years in China, was developed as a result of our country's medical and scientific workers responding to Chairman Mao's instruction in 1958: **"Chinese medicine and pharmacology are a great treasure-house, and efforts should be made to explore them and raise them to a higher level."** The medical workers combined traditional medicine with that of the Western school and, drawing on the rich experience of centuries of Chinese medical practice in relieving pain and curing illness with needling and displaying the revolutionary spirit of daring to think and to do, they finally succeeded in creating this special Chinese anesthetic technique through repeated clinical practice and investigation.

In the intervening years, especially since the Great Proletarian Cultural Revolution, acupuncture anesthesia has developed tremendously throughout the country. Hundreds of thousands of various kinds of operations have been performed using acupuncture anesthesia, with a success rate above 80%. On the basis of body needling, different medical centres in

China have developed different methods, such as needling of the ear, nose, head, etc., so that operations are now done with this type of anesthesia on various parts of the body, including the heart. After repeated scientific experiments and toppling old barriers, Chinese medical workers have performed more than 100 successful heart surgery operations under extracorporeal cardio-pulmonary circulation with acupuncture as anesthesia.

Over the past fifteen years, much research work has been done concerning the theory of acupuncture anesthesia, and scientific data have been collected which have further promoted acupuncture anesthesia and the development of medical science.

(2) ADVANTAGES AND SOME PROBLEMS IN ACUPUNCTURE ANESTHESIA

Acupuncture anesthesia is a new type of anesthesia used in surgery which achieves analgesia through needling at specific points of the human body. The patient remains fully conscious, with physiological functions relatively stable, throughout the entire operation. Abundant clinical experience shows acupuncture anesthesia to have the following benefits:

a. It is safe for use in a wide range of indications.

Since acupuncture stimulation does no harm to the body organism, the technique is simple and the results reliable, it is a safe anesthetic to use, with practically no danger of accident.

The question of any undesirable drug reactions is obviated, which is especially important in surgery for patients with impairment of liver or kidney function, or drug allergy. Not only does acupuncture not interfere with normal body functions, but it helps to regulate them, fortifying the body against extrinsic trauma and promoting early recovery. Acupuncture anesthesia is also safer than anesthesia by drugs for seriously ill, debilitated or aged patients. Post-operative complications are few and convalescence is comparatively rapid.

b. The patients can co-operate actively with the surgeons.

Acupuncture anesthesia, with the patient mentally alert and the physiological functions normal, has the advantage of the patient being able to co-operate actively during the operation. When drugs are used, the results can often be judged only some time after the operation. This is particularly true of brain surgery, where there is no way of knowing immediately whether any inadvertent damage has been done to the sensory, motor or cranial nerves of patients under general anesthesia. With acupuncture anesthesia, however, apart from the patients' relatively stable

clinical condition and clear mental status, their speech, sensations and limb movements readily indicate the functioning of the central and peripheral nervous system so that injury can be avoided during operation.

In eye surgery for correction of strabismus, acupuncture anesthesia also enables the operative results to be seen at once.

c. Reduced embarrassment of physiological functions promotes early recovery.

Acupuncture anesthesia does not interfere with normal body function. In subtotal gastrectomy under extradural anesthesia, for example, the patient's blood pressure may suddenly drop dangerously low, while with acupuncture anesthesia blood pressure and pulse rate remain stable, there is no post-operative abdominal distention or retention of urine and recovery of intestinal function is rapid. In lobectomy, too, patients given acupuncture anesthesia suffer less than if given ether intratracheal intubation. With the acupuncture method, there is very little fluctuation of blood pressure and pulse rate, the respiration rate is much more steady and the post-operative cough reflex is satisfactory. The patients can eat and move about soon after operation, all of which conduces to early recovery.

d. The method is simple, economical and practical.

As acupuncture anesthesia requires no expensive drugs or complicated anesthesia apparatus, it is suitable for use in rural and mountainous areas.

In a word, acupuncture anesthesia is a very popular anesthetic method which is now used extensively both in China's cities and countryside. It has demonstrated superior features and shows great promise. However, it still has some drawbacks. For example, it has not yet been perfected to the level of producing total analgesia in every case. In some instances, or during certain operations, there has been either incomplete relaxation of the muscles or an unpleasant sensation of retraction of internal organs. These are problems the solution of which requires further study and experience.

(3) METHODS OF ACUPUNCTURE ANESTHESIA

a. Pre-operative preparation:

(a) Explaining to the patient: It usually takes some time for people to understand and recognize a new phenomenon before it is generally accepted as such. From ancient times surgical operations had been done with drugs for anesthesia, and this has become a traditional concept.

Acupuncture for anesthesia is something new to most people, and an introduction is necessary, to explain to patients the special features of acupuncture anesthesia. Patients should have adequate knowledge and a correct understanding of this new method. The purpose of anesthesia is to solve the problem of pain and to correct physiological disturbances during the course of an operation. Because, with acupuncture anesthesia, the patient remains mentally clear, every step of the operation must be clearly explained before operation, also the possible occurrence of various unpleasant sensations. Thus mentally prepared, the patient remains calm, is neither nervous nor frightened if there is slight discomfort, and the operation proceeds smoothly. In addition, during certain stages of some operations, the co-operation of the patient is required. For instance, during thoracotomy the patient is asked to perform abdominal breathing so as to overcome the dyspnea incident to open pneumothorax.

It is advisable for patients having acupuncture for the first time to be given a test of their sensitiveness and tolerance to acupuncture as a guide in administering the correct amount of stimulation during operation. This testing also relieves the patient's anxiety and tension during operation.

(b) Selection of acupuncture points: Before operation, having learned the case history and made correct diagnosis, determine the plan for anesthesia and surgery, then select suitable points according to the requirement of the operation.

Principle for selecting acupuncture points:

(a) Selection of points according to the theory of the channels: In traditional Chinese medicine there is a saying: "Where the Jing Mai pathways traverse is the place amenable to treatment." In selecting the point or points for acupuncture anesthesia for operation on different parts of the body, one may therefore follow the rule of selecting points in accordance with the course followed by the channels, i.e., the points of the channels that traverse the site of the operation or that relate to the concerned viscera. For example, for abdominal operations, one may select the acupuncture points of the Stomach and Spleen Channels.

(b) Selecting points according to experience: In clinical practice, stimulation of Pt. Neiguan (P. 6) is effective in relieving palpitation and nausea, indicating this point for chest operations. Stimulation of Pt. Zusanli (St. 36) is effective in treating diseases of the gastrointestinal tract, therefore this point is often chosen for abdominal operations.

For thyroidectomy, Pt. Lung, Pt. Neck and Pt. Endocrine of the auricle may be chosen.

b. Technique of acupuncture:

(a) Hand manipulation: The needle is held with the thumb, index finger and middle finger, with the fourth finger pressing the skin adjacent to the acupuncture point. The index and middle fingers perform the lift and thrust movement of the needle, while the thumb rotates it. By closely co-ordinated manipulation by these three fingers, the combined lift-thrust-rotation needling manœuvre is maintained.

Depth and direction of acupuncture: The depth of the puncture varies not only with the thickness of the muscle, but also with the patient's tolerance to needling, as well as the type of surgical operation. For instance, for an obese patient with a good tolerance, the puncture may be deep, but it should be shallow for a thin patient, or for one with a poor tolerance to puncturing. In pneumonectomy, for example, it is generally agreed that the needle should penetrate the entire depth of the acupuncture point, whereas in ear-acupuncture anesthesia, the puncture should be shallow. As to the direction of puncture, it is determined in accordance with the requirement of different operations.

The range of lift-thrust manœuvre is generally from 0.5-1.0 cm. If the situation requires strong stimulation, the lift-thrust range should be great. But when the condition requires only weak stimulation, the lift-thrust range should be small.

The degree of rotation manœuvre is generally from 180°-360°.

Frequency of the acupuncture needling movements usually varies between 120 and 150 per minute.

Acupuncture needling response: When manipulation of the acupuncture needle has produced the desired needling response, the patient is said to be in a state of "deqi," that is to say, the patient is affected by the needling so that a painless operation can be done.

Duration of needling manœuvre: The induction period of acupuncture anesthesia, i.e., from the start of needling to the making of the incision, is generally 15-20 minutes.

Force used in acupuncture needle manœuvring: This varies with different individuals. For those with a good tolerance to needling, or for those in which surgical operation causes much traumatic stimulation, the force required for acupuncture manœuvre may be relatively strong, e.g., the force used for manœuvring the needle to produce anesthesia for incision of the skin or muscles may be relatively strong. But for patients with little tolerance to needling, or for those undergoing surgery in which traumatic stimulation during the course of operation is slight, the force required in

the needling manoeuvre may be correspondingly weak, e.g., while operating upon the internal organs, the force required for manoeuvring the needle may be relatively weak. It is not necessarily true in acupuncture anesthesia that the greater the stimulation the better the results. One should judge the results according to the degree of analgesia and whether the patient feels any discomfort. In other words, owing to individual differences, the amount of stimulation used should vary with different patients.

(b) Electrical manipulation: To substitute hand manipulation, connect the inserted needle(s) with weak electric current to achieve effective stimulation.

The current flowing from the electric acupuncture apparatus is generally in the form of biphasic spike waves. The frequency of the electric pulse usually ranges from several scores per minute to several hundred per second. The current, frequency of stimulation and form of the waves can be adjusted according to requirements.

(c) Precautions: Do not thrust the entire length of the acupuncture needle into the point, to avoid fracture of the needle.

When bleeding occurs at the site of puncture or when the needling response is not satisfactory, the needle may be withdrawn and another acupuncture site chosen.

(d) Concerning adjuvant drugs: With regard to the use of adjuvant drugs in acupuncture anesthesia, one should assess the situation as a whole. On the basis of having obtained effective acupuncture points and having reached relative analgesia, operations can be smoothly carried out without much discomfort to the patients, so that adjuvant drugs may largely be dispensed with. But when situations are encountered in which acupuncture anesthesia alone is not sufficient, one may judiciously use suitable amounts of adjuvant drugs.

Pre-operative adjuvants: With patients undergoing surgery using acupuncture anesthesia wide awake and conscious, some may be apprehensive and require sedation. In such cases, dolantin, phentanyli or morphine may be given intramuscularly prior to skin incision.

Adjuvants during operation: In accordance with the type and extent of operation, 25-50 mg. of dolantin may be injected intravenously when necessary.

When the operative site involves much traumatic stimulation or reaction causing discomfort, as during separation of the periostium, or traction

of internal organs, 5-15 ml. of a 0.5% procaine solution may be injected locally.

(4) SOME EXAMPLES FOR SELECTING POINTS FOR ACUPUNCTURE ANESTHESIA

a. Operation for Cranial Tumour:

Prescription: (a) Quanliao (S.I. 18), Taichong (Liv. 3), Xiangku (St. 43), Foot-Linqi (G.B. 41). (b) Zanzhu (U.B. 2), Shuaigu (G.B. 8), Ermen (S.J. 21) penetrating towards Tinghui (G.B. 2).

Auricular points: Ear-Shenmen, direct needle towards Kidney; Brainstem, direct needle towards Subcortex; Sympathetic Nerve and Lung.

b. Cataract couching or removal of foreign body from the eye:

Prescription: (a) Fengchi (G.B. 20), Hegu (L.I. 4), Yangbai (G.B. 14) penetrating towards Yuyao (Extra 3). (b) Hegu (L.I. 4), Waiguan (S.J. 5) penetrating towards Neiguan (P. 6). (c) Hegu (L.I. 4), Yanglao (S.I. 6). (d) Hegu (L.I. 4), Zhigou (S.J. 6).

Auricular points: Ear-Shenmen, Lung and Eye II.

c. Tonsillectomy:

Prescription: (a) Hegu (L.I. 4) both sides. (b) Hegu (L.I. 4), Zhigou (S.J. 6) or Neiguan (P. 6).

Auricular points: Adrenal penetrating towards Esophagus, Neck towards Dingchuan, Ear-Shenmen towards Sympathetic Nerve, Lung.

d. Tooth extraction:

Prescription: (a) Hegu (L.I. 4) both sides or the affected side. (b) Taiyang (Extra 2) penetrating towards Xiaguan (St. 7).

Auricular points: Anesthetic Points for Upper and Lower Teeth.

e. Total and subtotal thyroidectomy:

Prescription: (a) Hegu (L.I. 4), Neiguan (P. 6) both sides or the affected side. (b) Neck-Futu (L.I. 18) both sides.

Auricular points: Ear-Shenmen, Lung or Subcortex, Throat and Neck.

f. Lobectomy and removal of tumour in the mediastinum:

Prescription: (a) Hegu (L.I. 4), Neiguan (P. 6). (b) Sanyangluo (S.J. 8) penetrating towards Ximen (P. 4). (c) Waiguan (S.J. 5) penetrating towards Neiguan (P. 6).

Auricular points: Ear-Shenmen, Sympathetic Nerve, Lung, Dingchuan, Kidney and Chest.

g. Repair of gastric perforation, subtotal gastrectomy, gastroenterostomy:

Prescription: (a) Zusanli (St. 36), Shangjuxu (St. 37), Neiguan (P. 6). (b) Zusanli (St. 36), Yifeng (S.J. 17).

Auricular points: Stomach, Ear-Shenmen, Sympathetic Nerve, Lung.

h. Cholecystectomy and splenectomy:

Prescription: (a) Zusanli (St. 36), Hegu (L.I. 4), Neiguan (P. 6). (b) Zusanli (St. 36), Sanyinjiao (Sp. 6), Dannang (Extra 35).

Auricular points: Gall bladder, Spleen, Abdomen, Ear-Shenmen, Sympathetic Nerve, Lung, Subcortex (both sides).

i. Hernia repair:

Prescription: (a) Zusanli (St. 36) both sides, Weidao (G.B. 28). (b) Yanglingquan (G.B. 34), Xiajuxu (St. 39), Sanyinjiao (Sp. 6).

Auricular points: Knee penetrating towards Abdomen, Sympathetic Nerve.

j. Caesarean section; operations of the ovary and the uterus:

Prescription: Zusanli (St. 36), Sanyinjiao (Sp. 6), Daimai (G.B. 26), Taichong (Liv. 3) both sides.

Auricular points: (a) Uterus, Abdomen, Ear-Shenmen, Sympathetic Nerve, Lung. (b) Ovary, Ear-Shenmen, Lung.

k. Operations of the urinary tract:

Prescription: (a) Fuyang (G.B. 38), Kunlun (U.B. 60), Xiangyu (St. 43), Taichong (Liv. 3). (b) Taibai (Sp. 3), Hegu (L.I. 4), Waiguan (S.J. 5), Ximen (P. 4).

Auricular points: (a) Kidney, Ear-Shenmen, Lung, Sympathetic Nerve, Sanjiao, Spleen or Liver. (b) Urinary Bladder, Abdomen, Ear-Shenmen and Lung.

l. Ligation of hemorrhoids:

Prescription: Baihuanshu (U.B. 30) both sides.

m. Reposition in fractures of the radius:

Prescription: Quchi (L.I. 11), Waiguan (S.J. 3), Yuji (Lu. 10), Yunmen (Lu. 2).

Auricular points: Elbow penetrating towards Wrist, Lung and Ear-Shenmen.

n. Internal fixation of fractures of neck of femur with three-flanged nail:

Prescription: (a) Zusanli (St. 36) Fenglong (St. 40), Fuyang (U.B. 59), Waixu (G.B. 36), Xuanzhong (G.B. 39), Sanyinjiao (Sp. 6). (b) Yanglingquan (G.B. 34), Fenglong (St. 40), Ligou (Liv. 5). The 12th and 13th spinal processes of the Huatuoji Point (Extra 21).

Auricular points: Femoral Joint penetrating towards Ankle, Ear-Shenmen, Lung, Sympathetic Nerve, Kidney, Adrenal.

(5) A PRELIMINARY VIEW OF THE PRINCIPLE OF ACUPUNCTURE ANESTHESIA

As already mentioned in Chapter II, the theory of the channels has been the guiding principle of acupuncture therapy for more than 2,000 years. Now we find it still reliable as a guiding principle in acupuncture anesthesia for surgical operations.

Our repeated research on the action of acupuncture, using modern scientific knowledge and methods, has shown that stimulation on the acupuncture points may produce various physiological functions in the body:

Suppressing pain: Widespread clinical materials dating from ancient times testify to the effectiveness of needling points on the body in stopping pain. Toothache, headache, sore throat, lumbago and pain in the legs, chest and abdomen stop immediately on needling or pressing certain points. Needling also produces conspicuous results in relieving post-operative pain. We experimented on ourselves and each other, and on animals, to measure the intensity of pain sensation and found that needling certain points might elevate the pain threshold, normal pain sensation being felt again only after a much stronger stimulus was given. This demonstrated that needling of points not only stops but also prevents pain sensation.

The regulatory function: Stimulation of certain points on the human body regulates the functions of the human body as well as stopping and preventing pain. It also restores to normal disturbed physiological functions. Such regulating function has already been mentioned in *Nei Jing* (内经 *Canon of Medicine*): acupuncture has the function of "removing obstruction of the Jing Mai (经脉 channels) regulating qi and blood, harmonizing of xu (虚 hypoactivity) and shi (实 hyperactivity)" of the body function.

We find that patients undergoing surgery with acupuncture anesthesia suffer less, as blood pressure, pulse rate and respiration remain relatively stable. Although surgical trauma may cause various physiological disturbances, the functions very soon return to normal after acupuncture anesthesia is applied. For instance, after gastrointestinal operation, patients very seldom suffer from abdominal distention or retention of urine, and the intestinal function returns to normal soon after the operation.

The function of strengthening the body resistance: Experimental studies have shown that needling certain points on the body of a normal person increases the number of white blood corpuscles and intensifies phagocytosis, which strengthens the body resistance against disease. Clin-

cal observation also reveals that surgical patients recover much more rapidly when acupuncture anesthesia is used.

Basing on the above, we are of the opinion that the effect of needling in preventing and suppressing pain, its sedative and regulating effect, and its strengthening of body resistance against diseases are inter-connected and react on each other, that it is precisely these effects of raising the body physiological functions to a new level that help increase the patients' endurance to withstand the operative procedure and reduce his sensitivity to pain. The patient is helped to overcome the pain and physiological disturbances caused by surgical operation.

On the basis of these effects on the body produced by needling stimulation, broad masses of medical and scientific workers are researching into the theory of the channels, neurology, the theory of the nerves and body fluid, as well as related scientific theories. Further research under way and many clinical observations verify the channels phenomenon and that the physiological effects of needle stimulation are produced by channel transmission. From records concerning channel function found in some books of Chinese traditional medicine, it can be seen that the channels include the structures of the nerves, blood vessels, endocrines, etc. It is possible that they also include some other, as yet undiscovered, connection and law of activity in the human body, and we should carry out further research and investigation on the theory of acupuncture anesthesia.

The great leader of the Chinese people Chairman Mao Tsetung says: **"In the fields of the struggle for production and scientific experiment, mankind makes constant progress and nature undergoes constant change; they never remain at the same level."** Chinese medical and scientific workers must continue striving, with the aim of further developing the technique of acupuncture anesthesia, to make a useful contribution to medicine and science in the service of mankind.

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